

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-020305  
STATE FILE NUMBER

FILED VS MAY 24 1960

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Demisecot</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demisecot</u>	
b. CITY OR TOWN <u>Hayti</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Hayti 07812</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>50</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Hayti Heights</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lester</u> Middle <u>Whitfield</u> Last <u>Whitfield</u>		4. DATE OF DEATH Month <u>May</u> Day <u>11</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 8, 1882</u>
9. AGE (In years last birthday) <u>77</u>		10. FUNDING YEAR IF UNDER 24 HRS. Month <u>5</u> Days <u>3</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Batesville, Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Whitfield</u>		13b. MOTHER'S M maiden name <u>Emona Robinson</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida Whitfield</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Ida Whitfield</u> Address <u>Hayti, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO <u>Left Stag Horn Renal Calculus</u> DUE TO (c) <u>Left Hydronephrosis 602XB</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Sepsis, Meningovascular</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>11/7/57</u> to <u>5/9/60</u> and last saw him alive on <u>5/9/60</u> Death occurred at <u>7:50 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. K. Albrecht MD MD.</u>		22b. ADDRESS <u>Hayti, Missouri</u>	
22c. DATE SIGNED <u>5-12-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-15-60</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hayti, Missouri</u>	
24. FUNERAL DIRECTOR <u>John W. German</u> ADDRESS <u>Hayti, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-12-60</u>	
26. REGISTRAR'S SIGNATURE <u>Lachanda Adams</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *John W. German* .....

Licensed Embalmer No. *4355* .....

P. O. Address *Dayton, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.