URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 28 1960

-60-039199
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 170

1. PLACE OF DEATH
a. COUNTY: PEMISCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HAYTI
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: PEMISCOTT MEMORIAL, Hos
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY:
c. CITY OR TOWN: CATRON
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): ROUTE 1
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: JESSIE Middle: Last: HASKINS

4. DATE OF DEATH Month Day Year: 10 - 4 - 1960

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 12-22-1904
9. AGE (last birthday): 55
IF UNDER 1 YEAR: Months 9 Days 12
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: NEWTON CRAWFORD
13b. MOTHER'S MAIDEN NAME: —
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-22-9259
17. INFORMANT: CORINE CRAWFORD, Address: SIKESTON, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): gun shot wound of the head — INTERVAL BETWEEN ONSET AND DEATH: 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: new madrid COUNTY STATE: MO

21. I attended the deceased from Sept 25 1960 to Oct 4th 1960 and last saw her/him alive on Oct 4th
Death occurred at Pemiscot Hosp 11A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Daniel R Hawley MD
22b. ADDRESS: Lebanon MO
22c. DATE SIGNED: 10/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 10-7-[redacted]0
23c. NAME OF CEMETERY OR CREMATORY: SUNSET
23d. LOCATION (City, town, or county): SIKESTON, (State) MO

24. FUNERAL DIRECTOR: ALVIN DOTSON, ADDRESS: SIKESTON, MO
25. DATE RECD. BY LOCAL REG.: 10-24-60
26. REGISTRAR'S SIGNATURE: Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 28 1960

NOV 15 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4601

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.