URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1960

-60-046988

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3682 5902 Registrar's No. 210

NDED

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 300 North Cedar — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Hayti — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 300 North Cedar — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Robert Middle Lee Last Hollins

4. DATE OF DEATH Month Dec Day 12 Year 1960

5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH July 27, 1959
9. AGE (last birthday) 6 — IF UNDER 1 YEAR Months 4 Days 25 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (City and state or country) Hayti
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME Mary Ella Hollins
14. NAME OF HUSBAND OR WIFE None

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. None
17. INFORMANT Mary E. Hollins — Address 300 North Cedar Hayti, 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) Burned up in house fire
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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.) Trapped in burning house
20c. TIME OF INJURY 7:30 Hour ~~a.m.~~ p.m. Month, Day, Year 12-12-60
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.) Home
20f. CITY, TOWN, OR LOCATION Hayti, COUNTY Pemiscot, STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 7:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James A. Osburn, Coroner
22b. ADDRESS Wardell Mo
22c. DATE SIGNED 12-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-13-1960
23c. NAME OF CEMETERY OR CREMATORY St Paul Cemetery
23d. LOCATION (City, town, or county) Hayti, Mo (State) Rural

24. FUNERAL DIRECTOR John W German — ADDRESS Hayti, Mo
25. DATE RECD. BY LOCAL REG. 12-15-60
26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed John W. German

Signature of Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, S

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