

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048430

ED VS DEC 23 1960

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 295 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Matthews	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First FRED Middle EVERETT Last HAIRSTON			4. DATE OF DEATH Month 12 Day 10 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/26/1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days

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) Plummerville, Ark.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas Hairston		13b. MOTHER'S MAIDEN NAME Jennie Irene Smith	
14. NAME OF HUSBAND OR WIFE Myrtle Hairston			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 431-14-0180	17. INFORMANT Myrtle Hairs ton	Address Matthews, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac arrest		immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Intractable heart failure, congestive	3 wks
	DUE TO (c) Arteriosclerotic heart disease	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old myocardial infarctions		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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
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21. I attended the deceased from Feb. 1960 to Dec. 10, 1960 and last saw her/him live on Dec. 10, 1960
Death occurred at 1:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas Chatterbox, M.D.	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 12-2-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/11/60	23c. NAME OF CEMETERY OR CREMATORY Springfield, Ark.	23d. LOCATION (City, town, or county) (State) Springfield, Ark.
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24. FUNERAL DIRECTOR RICHARDS	ADDRESS New Madrid, Mo.	25. DATE RECD. BY LOCAL REG. 12-16-'60	26. REGISTRAR'S SIGNATURE Max Edgar Hunter
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DOCUMENT
MEDICAL CERTIFICATION
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 _____
Signature of Student Embalmer

Signed Sam R. Helgeson

Licensed Embalmer No. 5100

P. O. Address New York

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