SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=022047
STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 88

FILED JUL 5 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hayti — Length of stay in 1b: 8 hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route 1 — 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): Route 1 — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Calvin Middle: Eugene Last: Davis

4. DATE OF DEATH: Month 6 Day 21 Year 61

5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-21-61
9. AGE (last birthday): 0 — IF UNDER 1 YEAR: Months 0 Days 0 — IF UNDER 24 HR: Hours 8 Min.

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

13a. FATHER'S NAME: Willie Wright
13b. MOTHER'S MAIDEN NAME: Almetta Williams
14. NAME OF HUSBAND OR WIFE: X X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give was or dates of service) X
16. SOCIAL SECURITY NO.: X
17. INFORMANT: Almetta Davis, Rt. 1, 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) Atelectasis – anoxia – Pluged Bronchi. — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Premature – 8 mos. 4 lbs.
DUE TO (c) Bowed [illegible] 1 [illegible]

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 — COUNTY — STATE

21. I attended the deceased from 6-21-61 6 am to 6-21-61 and last saw her/him alive on 6-21-61 7 am
Death occurred at 2 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D.
22b. ADDRESS: Hayti, Mo.
22c. DATE SIGNED: 6-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-22-61
23c. NAME OF CEMETERY OR CREMATORY: Concord Cemetery
23d. LOCATION (City, town, or county) (State): Rt. 1 Hayti, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Osburn Funeral Home, Hayti, Mo.
25. DATE RECD. BY LOCAL REG.: 6-24-61
26. REGISTRAR'S SIGNATURE: Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

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 Body Was Not Embalmed., Student Embalmer No._____ working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.