

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-037927

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 167

AMENDED

FILED NOV 15 1961

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hayti Township</b>		Length of stay in 1b <b>18 Yr.</b>	c. CITY OR TOWN <b>Hayti</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Route 1</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>Route 1</b>
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Simon</b> Middle <b>Louden</b> Last <b>Louden</b>	4. DATE OF DEATH Month <b>Nov.</b> Day <b>5,</b> Year <b>1961</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-9-1882</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Labor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	11. BIRTHPLACE (City and state and country) <b>Carroll County Miss.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Paul Louden</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Louden</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT <b>Mary Louden, Hayti, Mo.</b>	Address
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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) <b>Brain bleed from aneurysm</b>		<b>4 days</b>
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.	DUE TO (b) <b>Sepsis - typhoid</b>	<b>1 yr.</b>
	DUE TO (c) <b>Long period of ill health approx 4 yrs.</b>	

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. <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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year
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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 <b>Hayti, Mo.</b>	COUNTY <b>Wardell</b>	STATE <b>Missouri</b>
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21. I attended the deceased from **10-2-61** to **11-5-61** and last saw her/him alive on **11-5-61**  
Death occurred at **10** **0** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. A. [Signature]</i>	(Degree or title) <b>W. A.</b>	22b. ADDRESS <b>Hayti, Mo.</b>	22c. DATE SIGNED <b>11-7-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-7-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Homestown cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Wardell, Missouri</b>
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24. FUNERAL DIRECTOR <b>Osburn Funeral Home, Hayti, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>11-7-61</b>	26. REGISTRAR'S SIGNATURE <i>Charlotte E. Sloan</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. DeLund  
Licensed Embalmer No. 4185

P. O. Address Hayti, 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.