

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002943

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 18

STATE FILE NUMBER

<p>FILED FEB 2 1962</p> <p>1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u></p>			
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u></p>		<p>Length of stay in 1b <u>20 Yrs.</u></p>	<p>c. CITY OR TOWN <u>Hayti</u></p>	<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N. 6th, St.</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>d. STREET ADDRESS <u>N. 6t, St.</u> (If outside, give location)</p>	<p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) <u>John Green</u> Middle Last</p>			<p>4. DATE OF DEATH <u>January 17, 1962</u> Month Day Year</p>		
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>Negro</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>4-22-1880</u></p>	<p>9. AGE (last birthday) <u>81</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Tenn.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>James Green</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Unknown</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Deceased</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>X</u></p>	<p>17. INFORMANT Address <u>Lizzie Taylor, Benton Harbor, Mich.</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>IMMEDIATE CAUSE (a) <u>Burned up in house fire</u></p>					
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>					
<p>DUE TO (b) _____</p>					
<p>DUE TO (c) _____</p>					
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Trapped in burning house</u></p>			
<p>20c. TIME OF INJURY <u>P.M.</u> Hour a.m. p.m. Month, Day, Year <u>1-17-62</u></p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u></p>	<p>20f. CITY, TOWN, OR LOCATION <u>Hayti</u> COUNTY <u>Pemiscot</u> STATE <u>Mo.</u></p>			
<p>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>1 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) <u>James Osburn</u> Coroner</p>			<p>22b. ADDRESS <u>Hayti, Mo.</u></p>		<p>22c. DATE <u>1-17-62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>1-20-62</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>County Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Osburn Funeral Home, Hayti, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>1-20-62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u></p>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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

Student _____
Signature of Student Embalmer

Signed James G. Roberson

Licensed Embalmer No. 4185

P. O. Address Hardell, 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.