

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002949

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 15

LED JAN 22 1962

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

3. NAME OF DECEASED (Type or print) First <u>Sam</u> Middle <u>L</u> Last <u>Jones</u>			4. DATE OF DEATH Month <u>1</u> Day <u>3</u> Year <u>1962</u>		
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>Cal.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-13-1897</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>	IF UNDER 24 HR Hours <u>20</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Helena, Ark.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>✓</u>	13b. MOTHER'S MAIDEN NAME <u>✓</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT <u>James Monroe, Hayti, Mo.</u>
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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 <u>3 days</u>
IMMEDIATE CAUSE (a) <u>puerperal pneumonia</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>puerperal Pt. foot-infected</u>	
DUE TO (c) <u>cutaneous gangrene</u>		
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

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 <u>---</u> a.m. <u>---</u> p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1-2-62 to 1-3-62 and last saw her/him alive on 1-2-62  
Death occurred at 3 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H. Slavin M.D.</u>	(Degree or title)	22b. ADDRESS <u>Hayti, Mo.</u>	22c. DATE SIGNED <u>1-8-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-8-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>
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24. FUNERAL DIRECTOR <u>V. J. Smith</u>	ADDRESS <u>Hayti, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-11-62</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>
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AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 ITEM NO.  
 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 Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Caruthersville

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.