

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012108

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 73

FILED APR 16 1962

VS 300
Rev. 4/59

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| 1 | 0781 |
| 2 | 0781 |
| 3 | 2 |
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| 9 | 94200 |
| 10 | |
| 11 | |
| 12 | 1-0 |
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Remiscot</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Remiscot</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hayti</u> Length of stay in lb <u>12 days</u> | | c. CITY OR TOWN <u>Hayti</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Remiscot Co. Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>417 E. Main St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Ernest</u> Middle <u>Suggs</u> Last <u>Suggs</u> | | | 4. DATE OF DEATH Month <u>4</u> Day <u>3</u> Year <u>1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Col.</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>11-24-95</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>Cafe, owner.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | 11. BIRTHPLACE (City and state or country) <u>Kingston S. Calina U. S. A.</u> |
| 13a. FATHER'S NAME <u>Squire Suggs</u> | | 13b. MOTHER'S MAIDEN NAME <u>---</u> | 14. NAME OF HUSBAND OR WIFE <u>Edna Suggs</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 17. INFORMANT Address <u>Clarence Wade, Hayti, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascula Accident</u> DUE TO (b) <u>Congenital Heart failure</u> DUE TO (c) <u>ASNC</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 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 | | | INTERVAL BETWEEN ONSET AND DEATH <u>2-4 days</u> <u>6-8 wk</u> |
| 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 <u>---</u> a.m. <u>---</u> p.m. Month, Day, Year <u>---</u> | | 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 | |
| 21. I attended the deceased from <u>5-19-58</u> to <u>4-3-62</u> and last saw him alive on <u>4-3-62</u> Death occurred at <u>---</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Joel Haldenell M.D.</u> | | 22b. ADDRESS <u>Hayti, Mo.</u> | 22c. DATE SIGNED |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-7-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Morgans Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>J. J. Smith Hayti, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-9-62</u> | 26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u> |

MAY 3 1962

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 Carruthersville 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.