

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016223

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 83

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10781
2980

3

4 0

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9331X

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Length of stay in 1b 3 days	c. CITY OR TOWN Bragg City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R.1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Thomas Middle Burl Last Knight			4. DATE OF DEATH Month April Day 26 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-10-1886
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Corinth, Miss.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Pinkney Knight	
13b. MOTHER'S MAIDEN NAME Mary McCarter		14. NAME OF HUSBAND OR WIFE Ollie Knight	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X	17. INFORMANT Ollie Knight Address Bragg City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio vascular accident DUE TO (b) Generalized arteriosclerosis DUE TO (c) Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) coronary artery disease			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 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 4:15 Month, Day, Year 4/24/62			
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.) 4/24/62	20f. CITY, TOWN, OR LOCATION 4/24/62	COUNTY 4/24/62 STATE
21. I attended the deceased from 4:15 A.M. to 4/24/62 and last saw him alive on 4/24/62 Death occurred at 4:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William D. Bryant M.D.		22b. ADDRESS Hayti, Mo.	22c. DATE SIGNED 4-28-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-28-62	23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Wardell, Mo.
24. FUNERAL DIRECTOR Osburn Funeral Home, Wardell, Mo.		25. DATE RECD. BY LOCAL REG. 4-30-62	26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

USE BLACK INK OR TYPEWRITER RIBBON

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  _____

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.