

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028028

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 267

Primary Registration District No. 5902

Registrar's No. 128

FILED JUL 18 1962

VS 300
Rev. 4/59

1 0780

2 0780

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13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Hayti Township		Length of stay in lb 7 Wk.	c. CITY OR TOWN Hayti
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 2 Box 846		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 2 Box 846
3. NAME OF DECEASED. (Type or print) First Glen Middle Joiner Last		4. DATE OF DEATH Month July Day 2 Year 1962	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-5-62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX	9. AGE (last birthday) 0
11. BIRTHPLACE (City and state or country) Hayti, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Charles Joiner		13b. MOTHER'S MAIDEN NAME Ruth Hale	14. NAME OF HUSBAND OR WIFE XX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX		16. SOCIAL SECURITY NO. XX	17. INFORMANT Address Clara Hale, Rt. 2, Hayti, 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) Diarrhea and dehydration 3 days DUE TO (b) Respiratory failure DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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.) 1	20f. CITY, TOWN, OR LOCATION 1	COUNTY _____ STATE _____
21. I attended the deceased from 6-27-62 to 7-2-62 and last saw him alive on 7-2-62 Death occurred at 10:15 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Charles W. D.		22b. ADDRESS Hayti, Mo.	22c. DATE SIGNED 7-3-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-3-62	23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery	23d. LOCATION (City, town, or county) (State) Rt. 1, Hayti, Mo.
24. FUNERAL DIRECTOR ADDRESS Osburn Funeral Home, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 7-9-62	26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

USE BLACK INK OR TYPEWRITER RIBBON

BODY WAS NOT EMBALMED
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. _____

BODY WAS NOT EMBALMED

P. O. Address _____

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.

Permit not obtained.