

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039634

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 5911 Registrar's No. 189

FILED NOV 1 1967

VS 300
Rev. 4/59

6780

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

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 Missouri COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) Pascola Township		Length of stay in lb 10 yr.	c. CITY OR TOWN Hayti
c. FULL NAME OF (If NOT in hospital, give location) Rt. 1, Hayti, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 1 Box 221, Hayti
3. NAME OF DECEASED (Type or print) Bulah Evans		4. DATE OF DEATH Month October Day 25 Year 1962	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-3-1902
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) Mississippi
13a. FATHER'S NAME Joe Small		13b. MOTHER'S MAIDEN NAME Ada Williams	14. NAME OF HUSBAND OR WIFE Ben Evans
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. XX	17. INFORMANT Address Ben Evans, Rt. 1, 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) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
DUE TO (b) cardio-renal disease			3 wks
DUE TO (c) Hypertension			
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 a.m. p.m.	Month, Day, Year		
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 1	COUNTY STATE
21. I attended the deceased from 10-15-62 to 10-25-62 and last saw her ^{her} alive on 10-25-62 . Death occurred at 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Agnes M. D.		(Degree or title)	22b. ADDRESS Hayti, Mo.
			22c. DATE SIGNED 10-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-30-62	23c. NAME OF CEMETERY OR CREMATORY New Home Cemetery	23d. LOCATION (City, town, or county) Round Pond, Ark.
24. FUNERAL DIRECTOR Oshurn Funeral Home, Hayti, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 10/28/62
			26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

NOV 2 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 James G. Faber

Licensed Embalmer No. 4185

P. O. Address Hayti, 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.