

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047854

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 230

FILED DEC 27 1962

VS 300  
Rev. 4/59

1	0781
2	0780
3	1
4	3
5	0
6	
7	0
8	0
9	7615
10	
11	
12	1-0
13	1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pemscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pemscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hayti</u>		Length of stay in lb <u>11 days</u>	c. CITY OR TOWN <u>Hayti, Mo.</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>Hayti-Memo Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1 1/2 N. 1st - Hayti</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Glendon</u> Middle <u>Myles</u> Last <u>Myles</u>		4. DATE OF DEATH Month <u>12</u> Day <u>17</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-6-62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (last birthday) — IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u> Hours <u>—</u> Min. <u>—</u> IF UNDER 24 HR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>
11. BIRTHPLACE (City and state or country) <u>Hayti, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Myles</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie B. Myles</u>	
14. NAME OF HUSBAND OR WIFE —		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. —		17. INFORMANT <u>Rosie B. Myles, Hayti, Mo</u> Address <u>Hayti, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>upper Resp. infection - atelectasis</u> <u>Blocked bronchus - pneumonia</u> <u>fluid seepage of pneumonia</u> <u>fractures - ribs</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>—</u> DUE TO (c) <u>pneumothorax separation of pleura</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 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. <u>—</u> 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>12-6-62</u> to <u>12-17-62</u> and last saw her/him alive on <u>12-17-62</u> Death occurred at <u>1 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William W. D.</u> (Degree or title)		22b. ADDRESS <u>Hayti, Mo.</u>	
22c. DATE SIGNED <u>12-18-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-17-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>
24. FUNERAL DIRECTOR <u>J. J. Smith</u> ADDRESS <u>Hayti, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-22-62</u>	26. REGISTRAR'S SIGNATURE <u>Charlette E. Sloan</u>

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the ~~body~~ *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 *Embalmers* \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.