

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016986

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 90

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

1 0781

2 0781

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94200

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <i>Lemiscot</i>		2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Lemiscot</i>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <i>Hayti Mo.</i>		c. CITY OR TOWN <i>Hayti Mo.</i>	
c. FULL NAME OF DECEASED (If not at hospital, give location) HOSPITAL OR INSTITUTION <i>Hayti memo. Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>110 N. Cedar St.</i>	
3. NAME OF DECEASED (Type or print) First <i>Jimmy</i> Middle <i>Airhardt</i> Last <i>Airhardt</i>		4. DATE OF DEATH Month <i>4</i> Day <i>19</i> Year <i>1963</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Brown</i>	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH <i>4-2-06</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>store keeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>for himself</i>	
11a. BIRTHPLACE (City and state or country) <i>Morrilton, Ark.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James M. Airhardt</i>		13b. MOTHER'S MARRIAGE NAME <i>Elizabeth Tyler</i>	
14. NAME OF HUSBAND OR WIFE <i>Mrs. Maimie L. Evans, Hayti, Mo.</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Last, no, or unknown) (If yes, give war or dates of service) <i>unknown</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Maimie L. Evans, Hayti, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocardial infarction</i> DUE TO (b) <i>atheriosclerotic heart disease</i> DUE TO (c) <i>not</i>			
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. ☐ Yes ☐ No ☐ Unknown			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>12:30</i> a.m. <i>3:02</i> p.m. <i>4/19/63</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>1230 A</i>	20e. CITY, TOWN, OR LOCATION <i>Hayti Mo</i>	
21. I attended the deceased from <i>12/3/62</i> to <i>4/19/63</i> and last saw him alive on <i>4/19/63</i> Death occurred at <i>12/3/62</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William D. Bryant, MD</i>		22b. ADDRESS <i>Hayti Mo</i>	
22c. DATE SIGNED <i>4/24/63</i>		23. NAME OF CEMETERY OR CREMATORY <i>Int. Shika Cemetery, Morrilton, Ark.</i>	
24. FUNERAL DIRECTOR <i>J. J. Smith, Hayti, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>4-30-63</i>	
26. REGISTRAR'S SIGNATURE <i>Charlotte E. Sloan</i>		27. ADDRESS <i>Hayti, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1963

NOV 7 1966

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 Caruthersville

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.