

FILED MAY 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16794**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY <b>Genisot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Genisot</b>	
b. CITY OR TOWN <b>Hayti</b>		c. CITY OR TOWN <b>Hayti</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>078/0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Nolane</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Desmore</b>	4. DATE OF DEATH (Month) <b>May</b> (Day) <b>9</b> (Year) <b>1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Divorced</b>	8. DATE OF BIRTH <b>Sept 19 1886</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>29</b>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>New Madrid County Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Desmore</b>	13b. MOTHER'S MAIDEN NAME <b>Mary M<sup>rs</sup> Kenney</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>N. E. Desmore</b> ADDRESS <b>4317 Maryland St, St Louis, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>mesenteric thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES <b>partial int. obstruction of ascending colon -</b> <b>enteritis + peritonitis</b> DUE TO (b) <b>intest. thrombosis + peritonitis</b> DUE TO (c) <b>intest. thrombosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>5702</b>

19a. DATE OF OPERATION <b>May 9 1954</b>	19b. MAJOR FINDINGS OF OPERATION <b>mesenteric thrombosis</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hayti Mo</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-7-54**, 19**54**, to **5-9-**, 19**54**, that I last saw the deceased alive on **5-9-**, 19**54**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Shiley</b> (Degree or title)	23b. ADDRESS <b>MO Hayti Mo</b>	23c. DATE SIGNED <b>5-10-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-10-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mounds Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Madrid Mo Rural</b>
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DATE REC'D BY LOCAL REG. <b>5-19-54</b>	REGISTRAR'S SIGNATURE <b>John W. German</b>	FUNERAL DIRECTOR'S SIGNATURE <b>John St. German</b> ADDRESS <b>Hayti Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-113-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

MAY 26 1954

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 *Raymond L. Duffie*.....

Licensed Embalmer No. *479*.....

P. O. Address *Hayti*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.