

12791

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 80

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, write RURAL and give township) OR TOWN Hayti		c. CITY OR TOWN Hayti	
d. FULL NAME OF HOSPITAL OR INSTITUTION 510 E. Madison		e. STREET ADDRESS (If rural, give location) 510 E. Madison	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Fields		4. DATE OF DEATH (Month) (Day) (Year) April 15, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-2-1879
9. AGE (At last birthday) 75		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and State or Foreign Country) Near Wardell, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Abe Fields		13b. MOTHER'S MAIDEN NAME Martha Fenner	
14. NAME OF HUSBAND OR WIFE Rosie Lee Fields			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X	
17. INFORMANT'S SIGNATURE OR NAME Pearline Sawyer, Wardell, Mo.		ADDRESS Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema Severa DUE TO (c) Asthma Sec. To No 2 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 518 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-5 , 19 53 , to 4-18 , 19 55 , that I last saw the deceased alive on 4-15 , 19 55 , and that death occurred on 6:50P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harry J. Price M.D.		23b. ADDRESS Hayti, Mo.	
23c. DATE SIGNED 4-19-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-17-55	
24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Hayti, Mo.	
DATE REC'D BY LOCAL REG. 4-20-55		REGISTRAR'S SIGNATURE John W. German 406/0	
25. FUNERAL DIRECTOR'S SIGNATURE Osburn Funeral Home, Wardell, Mo.		ADDRESS Wardell, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

4-125-55

APR 22 1955

DEWESSOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARTHERSVILLE, MO.

APR 26 1955

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 A. Deben

Licensed Embalmer No. *414*
P. O. Address *Wardel*

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.