

FILED OCT 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. 34925

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 3049		Registrar's No. 167	
1. PLACE OF DEATH a. COUNTY <u>Remiscot</u>				2. USUAL RESIDENCE (Where deceased lived, if institutions residence before death) a. STATE <u>MO</u> b. COUNTY <u>Remiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>		c. LENGTH OF STAY (If rural, give township) <u>3 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Fessola, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Remiscot Co. Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. East. Fessola, MO</u>			
3. NAME OF DECEASED (Type or Print) <u>S2M</u>		a. (First)		b. (Middle)		c. (Last) <u>T200ETT</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>10</u>		<u>4</u>		<u>19</u>		<u>56</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>9-4-1878</u>	
9. AGE (In years)		If UNDER 1 year		If UNDER 1 year		If UNDER 1 year	
<u>78</u>		Months <u>7</u>		Days <u>0</u>		Hours <u>0</u> Mts. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Co, Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Tappert</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jackson</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'S SIGNATURE OR NAME <u>Leon Jones Fessola, MO</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Resection of Rt colon + ileum</u>					<u>1 wk.</u>
		DUE TO (c) <u>multiple perforations of colon.</u>					<u>3 wks.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>							
19a. DATE OF OPERATION <u>9-29-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>large impacted mass of R. cecum, sigmoid felt tube</u>					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.) <u>Hayti, Remiscot, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hayti, Remiscot, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (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 _____, 19____, to <u>10-4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10/4/56</u> , 19____, and that death occurred at <u>3 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. Neubert, M.D.</u>				(Degree or title)		23b. ADDRESS <u>Hayti, Mo.</u>	23c. DATE SIGNED <u>10-5-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>		24d. LOCATION (City, town, or county) (State) <u>Fessola, MO</u>	
DATE REC'D BY LOCAL REG. <u>10-11-56</u>		REGISTRAR'S SIGNATURE <u>John St. German</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. J. Smith Hayti, MO.</u>			
				ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

10-269-56

OCT 15 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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
Student Embalmer

Signed W. Hill

Licensed Embalmer No. 2627

P. O. Address Lebanon 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 this body is not embalmed, fact should be so stated above.