

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2226

STATE FILE NUMBER

40

FILED JAN 10 1958

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOTA</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HAYTI</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>HAYTI</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		Length of stay in lb <u>5 YRS</u>	d. STREET ADDRESS (If outside, give location) <u>RT. 1 HAYTI</u> Reside on Farm. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED First Middle Last BILLIE LEE PRIEST DATE OF DEATH 1-7-58

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH 4-15-1953 9. AGE (In years, months, days) 4 8 22 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 11. BIRTHPLACE (City and state or country) HAYTI MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. W. PRIEST 13b. MOTHER'S MAIDEN NAME DESIE RANDEL 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) NO 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT J. W. PRIEST Address GEN. DEL. HAYTI MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Bronchitis pneumonia  
Influenza  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH 38 hr

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 Month, Day, Year  
a.m. p.m. \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  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 \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Do not write in ink) John St. German (Do not write in ink) Local Registrar 21b. ADDRESS HAYTI, MO. 21c. DATE SIGNED 1-7-58

22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 22b. DATE 1-8-58 22c. NAME OF CEMETERY OR CREMATORY East Woodlawn Cem 22d. LOCATION (City, town, or county) (State) HAYTI, MO.

24. FUNERAL DIRECTOR John St. German ADDRESS HAYTI, MO. 25. DATE RECD. BY LOCAL REG. 1-7-58 26. REGISTRAR'S SIGNATURE John St. German

1-16-58

JAN 8 - 1958

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 .....  
Signature of Student Embalmer

Signed *John St. German* .....

Licensed Embalmer No. *4355* .....

P. O. Address *Hayti, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.