

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028706
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 109 Primary Registration District No. H180 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hayti
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Rest Home		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) 907 S. Grider
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Arthur Bun Council			4. DATE OF DEATH Month Day Year Aug. 29, 1958		
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-25-1890	9. AGE (In years less birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laobrér	10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and state or country) Smithland, Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Bun Council	13b. MOTHER'S MAIDEN NAME Emma Hosick	14. NAME OF HUSBAND OR WIFE Vera Council
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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) Yes W.W.I.	16. SOCIAL SECURITY NO. X	17. INFORMANT Vera Council	Address Hayti, Mo.
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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>Cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
DUE TO (b) <i>Hypertension</i>		
DUE TO (c) _____		<i>6 or 7 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART-I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -
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20c. TIME OF INJURY Hour Month, Day, Year p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -	20f. CITY, TOWN, OR LOCATION -	COUNTY -	STATE -
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21. I attended the deceased from Death occurred at <i>7:30 P.M.</i>	to <i>8/29-58</i>	and last saw him alive on <i>8/29-58</i>
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22a. SIGNATURE <i>L. D. Denton M.D.</i>	(Degree or title)	22b. ADDRESS <i>Hayti Mo</i>	22c. DATE SIGNED <i>8/31-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9-1-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>East Woodlawn</i>	23d. LOCATION (City, town, or county) (State) <i>Hayti, Mo.</i>
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24. FUNERAL DIRECTOR <i>Osburn Funeral Home, Hayti, Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>9-2-1958</i>	26. REGISTRAR'S SIGNATURE <i>Mo Randal Simpson</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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SEP 17 1958 SEP 12 1958

SEP 12 1958

DEPARTMENT
COUNTY FILE NUMBER 958-226

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 G. Ashburn*

Licensed Embalmer No. 4185

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.