

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028013

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3019 Registrar's No. 141

FILED AUG 15 1962

VS 300
Rev. 4/59

6781
20781
3
4 3
5 1
6
7 1
8 0
9230
10
11
12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Remescot</u> | | 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Remescot</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hayti</u> | | c. CITY OR TOWN <u>Hayti, Mo.</u> | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u> | | d. STREET ADDRESS (If outside, give location) <u>1 1/2 mi. S.W. Hayti, Mo.</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Susie</u> Middle <u>Bakley</u> | | 4. DATE OF DEATH Month <u>8</u> Day <u>2</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OF RACE <u>Col.</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-2-09</u> |
| 9. AGE (last birthday) <u>52</u> | | IF UNDER 1 YEAR Months <u>8</u> Days <u>3</u> | |
| IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | | 11. BIRTHPLACE (City and state or country) <u>Lake Village, Ark.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | | | |
| 13a. FATHER'S NAME <u>Sam Davis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Caliger</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Eddie Bakley</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>Eddie Bakley, Hayti, Mo.</u> | |
| 17. INFORMANT <u>Eddie Bakley, Hayti, Mo.</u> | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic pneumonia</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| DUE TO (b) <u>fracture of head</u> | | | <u>9 mos.</u> |
| DUE TO (c) <u>multiple osteomyelitis deformans - multiple 4 yrs.</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) | |
| 20c. TIME OF INJURY Hour <u>—</u> s.m. <u>—</u> p.m. <u>—</u> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Hayti, Mo.</u> | |
| 20g. COUNTY | | STATE | |
| 21. I attended the deceased from <u>1959</u> to <u>8-1-62</u> and last saw her <u>alive</u> on <u>8-1-62</u> Death occurred at <u>9:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>A. S. Diney, M.D.</u> | | 22b. ADDRESS <u>Hayti, Mo.</u> | |
| 22c. DATE SIGNED <u>8-4-62</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8-3-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>W. J. Smith</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-7-62</u> | |
| ADDRESS <u>Hayti, Mo.</u> | | 26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 24 1962

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 Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Cornthorville

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.