

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-016991**

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 91

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pemiscot</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hayti, Missouri</b>  |   | c. CITY OR TOWN <b>Hayti.</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>204 N. Maple St. (Home)</b>  |   | d. STREET ADDRESS (If outside, give location) <b>204 No. Maple St.</b>   |  |
| 3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Brown</b> Last <b>Brown</b>   |   | 4. DATE OF DEATH Month <b>4</b> Day <b>21</b> Year <b>63</b>   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>Negro</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>7-4-18</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done. during most of working life, even if retired.) <b>Laborer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Garage</b>  |  |
| 11. BIRTHPLACE (City and state or country) <b>Mound Bayou, Miss.</b>  |   | 12. CITIZEN OF WHAT COUNTRY <b>USA</b>   |  |
| 13a. FATHER'S NAME <b>UNK</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>UNK</b>   |  |
| 14. NAME OF HUSBAND OR WIFE <b>Mrs. Mary Brown</b>  |   | 17. INFORMANT Address <b>Mrs. Mary Brown, Hayti, MO</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |   | 16. SOCIAL SECURITY NO. <b>[REDACTED]</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary infarct</b><br>DUE TO (b) <b>Hypertensive, loaded</b><br>DUE TO (c) <b>renal disease</b>                                      |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>30 min</b><br><b>1 yr.</b>  |
| 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.<br><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 <b>10</b> a.m. / p.m. Month, Day, Year <b>4-21-63</b>  |   |  |  |
| 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   | COUNTY STATE   |
| 21. I attended the deceased from <b>4-21-63</b> to <b>4-21-63</b> and last saw <sup>her</sup> him alive on <b>4-21-63</b><br>Death occurred at <b>11:10 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE (Degree or title) <b>Officer W.D.</b>  |   | 22b. ADDRESS <b>Hayti, Mo.</b>   | 22c. DATE SIGNED <b>4-22-63</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>4-28-63</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Morgans Cemetery</b>   | 23d. LOCATION (City, town, or county) (State) <b>Hayti, Missouri</b>   |
| 24. FUNERAL DIRECTOR ADDRESS <b>T. J. Smith Hayti, Missouri</b>   | 25. DATE RECD. BY LOCAL REG. <b>4-30-63</b>   | 26. REGISTRAR'S SIGNATURE <b>Charlotte E. Sloan</b>  |  |

MAY 13 1963

**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. Carter

Licensed Embalmer No. 4681

P. O. Address C. Ville, 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.