

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19453

State File No. ~~17556~~
33
Registrar's No. 3004

Registration District No. 50

Primary Registration District No. 3004

1. PLACE OF DEATH:

(a) County. Bates
(b) City or town. Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7
(Specify whether years, months or days)

3. (a) PRINT FULL NAME. John Thomas Hyatt

3. (b) If veteran, ✓ name war. ✓ 3. (c) Social Security No. 2

4. Sex. male 5. Color or race. white 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife. Mrs Rosa A Hyatt 6. (c) Age of husband or wife if alive. 89 years

7. Birth date of deceased. April 11 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 20 If less than one day hr. min.

9. Birthplace. Nicholas Co. / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired farmer

11. Industry or business

12. Name. Henry Hyatt

18. Birthplace. not known Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name. Sallie Ann Cook

15. Birthplace. Nicholas Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs J. T. Hyatt

(b) Address. Butler Mo

17. (a) Burial (b) Date thereof. May 5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Wak Hill

18. (a) Signature of funeral director. Lambert 53

(b) Address. Butler Mo

19. (a) May 5, 1941 (b) Mona E Culver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Bates
(c) City or town. Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1941 hour 1 minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him alive on Apr 29th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death. myocardial infarction

Due to General atherosclerosis

Due to _____

Other conditions. None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations.

Of autopsy. None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature. R. G. Lusk (M. D. or other) 11

Address. Butler Mo Date signed 5/5/41

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 6-41-1024

Date Filed 6-11-41

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, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

R. Denton Smith

Licensed Embalmer No. 4123

P. O. Address Butler, 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, above space should be left blank.