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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27718
Registrar's No. 146

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County: Audrain
(b) City or town: Mexico, Mo.
(c) Name of hospital or institution: Audrain Hospital
(d) Length of stay: In hospital or institution: 1 week
In this community: 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Audrain
(c) City or town: Mexico
(d) Street No: 1115 W. Emmons
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME

Oran C. Hoyle, Jr.

3. (b) If veteran, name war: No 3. (c) Social Security No: none

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: S
7. Birth date of deceased: April 28, 1932

8. AGE: Years 9 Months -- Days 2

9. Birthplace: Houtsville, Pa.

10. Usual occupation: student

11. Industry or business:

12. Name: Oran Hoyle
13. Birthplace: Hills Spring, Pa.
14. Maiden name: Pearl Scott
15. Birthplace: Auxvasse, Missouri

16. (a) Informant: Oran Hoyle

(b) Address: Mexico, Missouri

17. (a) Burial (b) Date thereof: 9/1/41

(c) Place: burial or cremation: Auxvasse, Missouri

18. (a) Signature of funeral director: Chris Conrad

(b) Address: Mexico, Missouri

19. (a) August 30-41 (b) Blanche Neely

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 30 year: 1941 hour: 3:20 minute: 2 M.

21. I hereby certify that I attended the deceased from Aug 25, 1941 to Aug 30, 1941 that I last saw him alive on Aug 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Staphylococci elbow infection & Staphylococci Due to septicaemia

Due to: probably caused by bruised elbow result of fall 1 week

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 1862

Of autopsy: 29

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

(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: definite probably Aug 22
(c) Where did injury occur?: house
(d) Did injury occur in or about home, on farm, in industrial place, in public place? house

While at work? no (Specify type of place) (e) Means of injury: fall from tree

23. Signature: R. W. Williams (M. D. or other) M.D. Address: Mexico, Mo Date signed: 9/1/41

Duration

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer, No. 10

District File Number 9-41-1680

Date Filed SEP 16 1941

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3569

P. O. Address

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, fact should be so stated above.