

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11396

Registrar's No. 4

Registration District No. 874

Primary Registration District No. 5746

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

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town rural Pilot Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 72 yrs.
years, months or days)

3. (a) PRINT FULL NAME DELES C. HYATT

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank Hyatt 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased July (Month) 31 (Day) 1868 (Year)

8. AGE: Years 73 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John Fletcher
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Pilot Grove
(b) Address Latham, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-27-42 (Month) (Day) (Year)

(c) Place: burial or cremation Green Grove Cemetery

18. (a) Signature of funeral director J. W. Wilson & Son

(b) Address California, Mo.

19. (a) 3/24/42 (Date received local registrar) (b) Mrs. R. J. Sullivan (Registrar's signature)

869

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau
(c) City or town rural (If outside city or town limits, write "RURAL")
(d) Street No. 1 mi. N.E. of Latham (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23rd year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July, 1941, to March 22, 1942, that I last saw her alive on March 22, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-renal-vascular disease

Due to _____

Due to _____

Other conditions 131a (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 ?

23. Signature Keyron Latham (M. D. or other) ?

Address California, Mo. Date signed 3/23/42

Duration

3 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

not

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.....

G. E. Wilson

Licensed Embalmer No.....

2351

P. O. Address.....

California, Me.

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.