

DEC'D JUL 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21284  
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 50  
 (b) Township mt. Pleasant Primary Registration District No. 5074 Registered No. 42  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Allen Clay Hyatt

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1928  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
10 3 8

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1938  
 22. I HEREBY CERTIFY, that I attended deceased from June 7, 1938 to June 20, 1938  
 I last saw him alive on June 18, 1938. Death is said to have occurred on the date stated above, at 8:30 PM  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. School Pupils  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Date of onset \_\_\_\_\_  
Measles  
tumor - malignant  
 Other contributory causes of importance: if 7-

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co. Butler Mo.

FATHER 13. NAME Fred Hyatt  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo.

MOTHER 15. MAIDEN NAME Lorene Allen  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Mo.

17. INFORMANT (ADDRESS) Fred Hyatt Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wal. Hill DATE June 22, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Andrew Butler Mo.

20. FILED June 22, 1938 Mrs. L. Culver Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to Occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Chas. G. Lusk Jr., M. D.  
Butler, Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death or information should be stated EXACTLY. PHYSICIANS should state

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,

*Harry G. Newell*

or by

Registered Apprentice No. .... working under my personal supervision.

Signed

*Harry G. Newell*

Licensed Embalmer No.

*3117*

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.**