

REC'D JUL 7

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

22698

Do not use this space.

1. PLACE OF DEATH

(a) County

Polk
Marion

Registration District No.

701

(b) Township

Primary Registration District No.

5730

(c) City

(d) Street No.

(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

Cecil Dellmer Hyde

300

(a) Residence, No.

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Addie Hyde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 19-85

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

42

1

83

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dora

FATHER

13. NAME

Dell Hyde

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

MOTHER

15. MAIDEN NAME

Emma Wala

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

17. INFORMANT (ADDRESS)

Virgil Hyde
Pickering Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Pickering Mo

DATE

June 27, 1938

19. FUNERAL DIRECTOR (ADDRESS)

Stutson
Bohner

20. FILED

6-27-38

F. Bohner

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on

to

, 19

Death is said

to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) S. B. Hutchinson

(Address) Bohner

630

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)