

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDED MAY 12 1939

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

14364
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89

(b) Township Osceola Primary Registration District No. 3007 Registered No. 94

(c) City Osceola (d) Street No. 21st St.

(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 Joe Albert Hyten

(a) Residence, No. Lovale Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

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) Feb 9 - 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 14 2 3

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

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1939, to 4-12, 1939.

I last saw him alive on 4-12, 1939. Death is said to have occurred on the date stated above, at 8:00 p.m.

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

Senile Secondary Venemia. Date of onset 7-6-39

Hemoglobin 8.2.

Hemorrhagic Purpura. Nov 38

Other contributory causes of importance: 10

History of being sprayed with arsenic poison, accidentally in Nov 1938

Name of operation none Date of —

What test confirmed diagnosis? Chemical 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 no?

If so, specify Working cotton when poisoned

(Signed) A. S. Crookston, M. D.

(Address) Osceola, Butler Mo.

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

13. NAME Louis Hyten

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Co Ill

15. MAIDEN NAME Ethel Cole

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

17. INFORMANT (ADDRESS) Louis Hyten, Lovale Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Acob Hill DATE 4/13, 1939

19. FUNERAL DIRECTOR (ADDRESS) W. H. Bell Bros., Osceola, Mo.

20. FILED 4/13, 1939 O. B. Lutzinger Local Registrar.

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.)