

FILED FEB 14 1941

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

1678

Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 50
 (b) Township _____ Primary Registration District No. 3004
 (c) City Butler or _____ (d) Street No. 9 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Fred 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2, 1883</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>9</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
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.	<u>Farm</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Genoa Mo.</u>	
FATHER	13. NAME	<u>John T. Hyatt</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Kentucky</u>
MOTHER	15. MAIDEN NAME	<u>Rose Ann Allison</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Missouri</u>
17. INFORMANT (ADDRESS)	<u>Mrs. Lorena Hyatt Butler, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Wabash, Butler</u> DATE <u>Jan 4</u> , 19 <u>41</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>Charles Butler, Mo.</u>	
20. FILED	<u>Jan 4, 1941</u> <u>Mona L. Culver</u> Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1, 1941I HEREBY CERTIFY that I attended deceased from Sept 7, 1940 to Jan 1, 1941.I last saw him alive on Sept 7, 1940. Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Arteriosclerosis of cerebral blood vessels

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Biopsy 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 _____, 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. A. Rush Jr. C. M. D.(Address) Butler, Mo.

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.

10000

RECEIVED
District Health Officer No. 7,
District File Number 2-41-327
Date Filed 2-12-41

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 R. Stanton Lisle
Licensed Embalmer No. 4123
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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1678
Registrar's No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 50

Primary Registration District No. 3004

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

1. PLACE OF DEATH:

(a) County. Bates
(b) City or town. Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dakota St. Parents Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town. Rural
(If outside city or town limits write "RURAL")
(d) Street No. Summit Trp.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME. Fred Hyatt

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

4. Sex. M 5. Color or race. W 6. (a) Single, widowed, married, divorced. m
6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. years.
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 29 hr. min.

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

10. Usual occupation.

11. Industry or business.

12. Name.

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

14. Maiden name.

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

16. (a) Informant.

(b) Address.

17. (a) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) March 29-41 (Date received local registrar) (b) Nina L. Culver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month Jan day 1
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19
that last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death.

Due to.

Due to.

Other conditions. (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?

(Specify type of place) While at work? (e) Means of injury.

23. Signature Chas. A. Lusk (M. D. or other)

Address Butler Mo Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

S-1679