

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 9 1942

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 260

Dr Simpson

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days) Life

In this community Life

3. (a) PRINT FULL NAME ISALEMAH Keys Hyde

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife JAMES M HYDE

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased JAN 3 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>10</u>	<u>14</u> hr. min.

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

10. Usual occupation House wife

11. Industry or business "

12. Name Samuel Keys

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

14. Maiden name Helen Boone

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

16. (a) Informant James M Hyde

(b) Address 201 - 2nd St Columbia

17. (a) Burial (b) Date thereof NOV 21 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem K.C. MO.

18. (a) Signature of funeral director P. Overcast

(b) Address Columbia MO

19. (a) Nov 18 '42 (b) Edna B. Barke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No 201 - 2nd St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17th
year 1942 hour 2:30 minute P.

21. I hereby certify that I attended the deceased from Nov 17 1942
that I last saw her alive on Nov 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Diabetes +
gangrene of foot

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?.....

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

23. Signature Lloyd Simpson (M. D. or other)

Address 506 Cherry St - Columbia Date signed 11-18-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1200

DEC 18 1945

AUG 18 1944

DEC 22 1942

NOV 27 1948

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.....

A. Willey

Licensed Embalmer No. *3183*

P. O. Address *Channahon 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, fact should be so stated above.