G. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19171

FILED JUL 6 1948

Registration District No. 1288

Primary Registration District No. 2000

Registrar's No. 512-A

39
2
6

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1311 Nor. Clay 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country NO

3. (a) PRINT FULL NAME Clarence Hyde

3. (b) If veteran, name war UNKNOWN

3. (c) Social Security No. UNKNOWN

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Frances

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

7. Birth date of deceased JAN. (Month) 10 (Day) 1888 (Year)

8. AGE: Years 60 Months 5 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation MAINTENANCE MAN

11. Industry or business OIL COMPANY

FATHER
12. Name ALBERT H. HYDE
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY E. HAMILTON
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant Frances Hyde
(b) Address Springfield, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation GREENLAWN

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, MO.

19. (a) 6-24-48 (Date received local registrar) (b) W E Hundley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from viewed body, 19..., to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage

Due to Ruptured liver

Due to Fall from bulk oil tank.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Ruptured liver, 2 fractured ribs

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 6-22-48 133
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial. Milton Bulk oil plant (Specify type of place)
While at work? yes (e) Means of injury Fall from tank

23. Signature Clyde B Abbott (M. D. or other)
Address Springfield, Mo Date signed 6/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Coroner Greene Co.

FEB 1 6 1949

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 Lee Mason Registered Apprentice No. 977, working under my personal supervision.

Signed Jewell E. Windle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.