

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4266

BIRTH NO. _____ REG. DIST. NO. ³⁸⁷4085 PRIMARY REG. DIST. NO. ⁴⁰⁸⁵387 Registrar's No. ³3

1. PLACE OF DEATH a. COUNTY <i>Carroll</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Carroll</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hale</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hale</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>SAMANTHA</i> b. (Middle) <i>HYMER</i> c. (Last) <i>MIDYETT</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>February 12 1949</i>		
5. SEX <i>female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <i>March 20, 1957</i>	
11. BIRTHPLACE (State or foreign country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		9. AGE (In years last birthday) <i>91</i>	

13a. FATHER'S NAME <i>unknown</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Frank M. Dyett</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Franz Ritzinger Hale, Mo.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Third Degree Burn.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>House on Fire. Catching.</i> DUE TO (c) <i>Clothing on fire. Causing</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Death due to extensive burn</i>			INTERVAL BETWEEN ONSET AND DEATH <i>16</i> <i>16</i>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accidental.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Hale Carroll Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>17</i>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Ray Dickerson 3 Coroner</i>		23b. ADDRESS <i>Boyard Mo</i>		23c. DATE SIGNED <i>Feb-12-1949</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Feb 14</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hale</i>	
DATE REC'D BY LOCAL REG. <i>Feb. 15, 1949</i>		REGISTRAR'S SIGNATURE <i>mae Rex Henderson</i>		24d. LOCATION (City, town, or county) (State) <i>near Hale Mo.</i>	
REGISTRAR'S SIGNATURE <i>49</i>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <i>Frank E. Slatel Hale Mo.</i>			

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

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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-24-19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Frank E. Slater

Signed _____
Student Embalmer

Licensed Embalmer No. 937

P. O. Address Nale Md

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.