

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7160

State File No.

| | | | | | | | | | |
|---|--------------------------------|--|--|---|--|--|---|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>932</u> | | PRIMARY REG. DIST. NO. <u>648-9</u> | | Registrar's No. <u>11</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Taney</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adaptation) a. STATE <u>MO</u> b. COUNTY <u>Taney</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Forsyth</u> | | c. LENGTH OF STAY (in this place) <u>MO</u> years | | c. CITY (If outside corporate limits, write RURAL and give township) <u>rural</u> | | 0 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Forsyth MO</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | | | |
| a. (First) <u>William</u> | b. (Middle) <u>HARRISON</u> | c. (Last) <u>Hyde</u> | (Month) <u>Feb</u> | (Day) <u>25</u> | (Year) <u>1949</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u> | | |
| 8. DATE OF BIRTH <u>Dec 17, 1892</u> | | 9. AGE (In years last birthday) <u>56</u> | | IF UNDER 1 YEAR Months <u>2</u> | IF UNDER 1 YEAR Days <u>8</u> | IF UNDER 1 YEAR Hours <u></u> | IF UNDER 1 YEAR Min. <u></u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Crawford Co MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>Joe Hyde</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ragsdale</u> | | 14. NAME OF HUSBAND OR WIFE <u>Echyle Hyde</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. W. Ragsdale Forsyth, MO</u> | | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Lung Pt. under study</u> | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1637</u> | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>General arteriosclerosis</u> | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>January 1, 1949</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 1, 1949</u> , to <u>Feb 25, 1949</u> , that I last saw the deceased alive on <u>Jan 19</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Walter S. Cobb</u> | | | | 23b. ADDRESS <u>Forsyth, MO</u> | | 23c. DATE SIGNED <u>3/4/49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-27-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ragsdale Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Forsyth MO</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>MAR 5 1949</u> | | REGISTRAR'S SIGNATURE <u>J E Cogswell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter S. Cobb Forsyth MO</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,
District File Number 349-280
Date Filed 3-8-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Minnie L W Helcher

Signed _____
Student Embalmer

Licensed Embalmer No. 2277

P. O. Address Brunson W

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.