

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14512

State File No. _____

972

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| BIRTH NO. _____ | | REG. DIST. NO. <u>224</u> | | PRIMARY REG. DIST. NO. <u>3072</u> | | Registrar's No. <u>88</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> | | c. LENGTH OF STAY (in this place) <u>44 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>360 South Odell Ave.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>360 South Odell Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lilly Bud</u> | | | b. (Middle) <u>Hyatt</u> | | c. (Last) <u>John</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1949.</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Oct. 24, 1897.</u> | | 9. AGE (In years last birthday) <u>51</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u> Hours <u>—</u> Min. <u>—</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Robert L. Hyatt</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Gertrude Hume</u> | | 14. NAME OF HUSBAND OR WIFE <u>John W. John.</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John W. John, Marshall, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Sepsis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> | |
| | ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Arthritis</u> | | | | | <u>2096</u> | |
| 19. DATE OF OPERATION <u>NO</u> | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 28 to May 3, 1949</u> , that I last saw the deceased alive on <u>5/3, 1949</u> , and that death occurred at <u>12</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | 23b. ADDRESS <u>Marshall, Mo.</u> | | 23c. DATE SIGNED <u>5/3/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 5, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>May 3-1949</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>385</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>CAMPBELL-LEWIS</u> | | ADDRESS <u>MARSHALL-MO.</u> | |

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

MAY 9 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-10-49

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 James H. Lewis

Signed _____
Student Embalmer

Licensed Embalmer No. 1171

P. O. Address Marshall - 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.