

FILED JUN 1 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18284

|   |  |   |  |   |  |   |  |  |
|---|--|---|--|---|--|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 925  |  | PRIMARY REG. DIST. NO. 4479   |  | Registrar's No. 28  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <i>Schuyler</i>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler 9X</i> |  |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Queen City</i>  |  | c. LENGTH OF STAY (In this place) <i>3 yrs.</i>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Queen City</i>  |  |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |  |   |  | d. STREET ADDRESS (If rural, give location) _____   |  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <i>ADDIE</i> b. (Middle) <i>LEONA</i> c. (Last) <i>HYMAN</i>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <i>May 20-1949</i> |   |  |   |  |  |
| 5. SEX <i>Female</i>  |  | 6. COLOR OR RACE <i>White</i>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>   |  | 8. DATE OF BIRTH <i>Nov. 19-1867</i>  |  |  |
|   |  |   |  | 9. AGE (In years last birthday) <i>81</i>   |  | UNDER 1 YEAR  | IF UNDER 2 HRS.                                  |  |
|   |  |   |  |   |  | Months  | Days   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>homemaker</i>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (State or foreign country) <i>Waucoma, Iowa</i>  |  | 12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>   |  |  |
| 13a. FATHER'S NAME <i>Henry Gustaf</i>  |  |   | 13b. MOTHER'S MAIDEN NAME <i>Berbee</i>                  |   | 14. NAME OF HUSBAND OR WIFE <i>William Hyman</i> |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>  |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <i>Frank Hyman</i>  |  | ADDRESS <i>Queen City, Mo.</i>  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                 |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i><br>ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br>DUE TO (b) <i>Coronary Artery Heart Disease</i><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><i>4 hrs</i> |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  | 20. AUTOPSY?<br>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) _____ m.  |  | 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 <i>July 15, 1948</i> , to <i>May 20, 1949</i> , that I last saw the deceased alive on <i>May 20, 1949</i> , and that death occurred at <i>5:30 A. M.</i> , from the causes and on the date stated above. |  |   |  |   |  |   |  |  |
| 23a. SIGNATURE (Degree or title) <i>R. H. Bradley M.D. 2</i>  |  |   |  | 23b. ADDRESS <i>Queen City, Mo.</i>   |  | 23c. DATE SIGNED <i>5/21/49</i>   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>   |  | 24b. DATE <i>May 22-1949</i>  |  | 24c. NAME OF CEMETERY OR CREMATORY <i>Queen City Cemetery</i>   |  | 24d. LOCATION (City, town, or county) (State) <i>Queen City Mo.</i>                 |  |  |
| DATE REC'D BY LOCAL REG. <i>May 21, 1949</i>  |  | REGISTRAR'S SIGNATURE <i>Mrs. C. J. Drake</i>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. H. West</i>   |  | ADDRESS <i>Queen City, Mo.</i>  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

May 25 1949

RECEIVED

District Health Officer No.

District File Number 5-49

Date Filed MAY 31 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.....

Student Embalmer No. ....

working under my personal supervision.

Signed Wm J West

Signed.....  
Student Embalmer

Licensed Embalmer No. 2582

P. O. Address Quincy 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.