

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 447

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Cape GIRARDEAU
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau
c. LENGTH OF STAY (in this place) 7 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION 340 N. Henderson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Scott
c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau
d. STREET ADDRESS (If rural, give location) 340 N Henderson

3. NAME OF DECEASED (Type or Print)
a. (First) James b. (Middle) Monroe c. (Last) Hyde
4. DATE OF DEATH (Month) (Day) (Year) Feb 4, 1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 2, 1869 9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RR Machinist
10b. KIND OF BUSINESS OR INDUSTRY Frisco RR
11. BIRTHPLACE (State or foreign country) Chiphey Ga.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James Davis Hyde
13b. MOTHER'S MAIDEN NAME Nancy Mary Champion
14. NAME OF HUSBAND OR WIFE Emma Hyde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No
16. SOCIAL SECURITY NO. [check]
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Emma Hyde Cape Girardeau

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, asthemia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Generalized
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 weeks
5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1950 to Feb 4, 1951, that I last saw the deceased alive on Feb 4, 1951, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward D Campbell
23b. ADDRESS Cape Girardeau - 451
23c. DATE SIGNED 4/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-7-51
24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo

DATE REC'D BY LOCAL REG. 2-5-1951
REGISTRAR'S SIGNATURE T. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bueplinghoff Funeral Home Chaffee Mo

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

0164

FEB 17 1951

RECEIVED

FEB 12 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 _____

Raymond B. Wilson

Student Embalmer No. *416*

working under my personal supervision.

Student *Raymond B. Wilson*
Student Embalmer

Signed *Oliver P. Smith*

Licensed Embalmer No. *4470*

P. O. Address *Illmo, 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.