

No. 300
10-48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7080

Reg.# 87707

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 457

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY CHRISTIAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PANA	
c. LENGTH OF STAY (In this place) 186 das.		8120	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. STREET ADDRESS (If rural, give location) 600 KITCHELL	

3. NAME OF DECEASED (Type or Print)	a. (First) JESSE	b. (Middle) M	c. (Last) HOYT	4. DATE OF DEATH (Month) (Day) (Year) FEB. 18 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-17-74	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TOPEKA, KANSAS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME THOMAS HOYT	13b. MOTHER'S MAIDEN NAME CORDELIA (UNKNOWN)	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL	ADDRESS JEFFERSON BARRACKS, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS, ACUTE		INTERVAL BETWEEN ONSET AND DEATH 15 Mos.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, CEREBRAL & GENERALIZED.		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (B). PSYCHOTIC REACTION-DETERORATED TYPE		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 334X
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22. I hereby certify that I attended the deceased from 8-16, 1950, to 2-18, 1951, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <i>Joseph Platt</i> M.D.	23b. ADDRESS VAH JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 2-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL: Remova	24b. DATE 2/19/51	24c. NAME OF CEMETERY OR CREMATORY NOKOMIS	24d. LOCATION (City, town, or county) (State) Illinois
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DATE REC'D BY LOCAL REG. 2/18/51	REGISTRAR'S SIGNATURE <i>Robert P. Tomke</i>	25. FUNERAL DIRECTOR'S SIGNATURE DAVIS FUNERAL HOME	ADDRESS NOKOMIS, ILLINOIS
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 3
1951

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.

Student
Student Embalmer

Signed Ronald Dyahurke

Licensed Embalmer No. 3917

P. O. Address Atkins, 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.