

FILED JUL 3-1951  
Dr. Kanagawa

# STANDARD CERTIFICATE OF DEATH

State File No. **19728**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **167**

264

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>	
c. LENGTH OF STAY (in this place) <b>44yrs</b>		d. STREET ADDRESS (If rural, give location) <b>607 Clark Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>607 Clark Avenue</b>		e. STREET ADDRESS (If rural, give location) <b>607 Clark Avenue</b>	

0264

3. NAME OF DECEASED (Type or Print) a. (First) <b>Isaac</b> b. (Middle) <b>E.</b> c. (Last) <b>Hyatt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 24 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct-9-1867</b>		9. AGE (In years last birthday) <b>83</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Broom Mfg</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brooms</b>		11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau County, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Elisha Hyatt</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Grounds</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Hyatt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ida Hyatt, Jefferson City, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphatic Leukemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
ANTECEDENT CAUSES		DUE TO (b) _____			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>2040</b>		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)		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 **May 19, 1951**, to **June 24, 1951**, that I last saw the deceased alive on **June 24, 1951**, and that death occurred at **1P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>N Kanagawa</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>1000 Meyer Bldg</b>	
23c. DATE SIGNED <b>6/27/51</b>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June-26-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo</b>	

DATE REC'D BY LOCAL REG. <b>June 27-51</b>		REGISTRAR'S SIGNATURE <b>A.P. Harris MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b>	
				ADDRESS <b>Jefferson City, Mo</b>	

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

RECEIVED 7-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-2-51

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: *Harold J. Gordon*  
Licensed Embalmer No. *1986*  
P. O. Address: *Jefferson City, 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.