

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33302**

FILED OCT 30 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 134

04 02

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IREN XON</u>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IREN XON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>312 East 9th Court</u>	
3. NAME OF DECEASED a. (First) <u>BEULAH</u>		b. (Middle)	
c. (Last) <u>HYTEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Y</u>	8. DATE OF BIRTH <u>Nov. 2, 1892</u>
9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u>	IF UNDER 1 MIN. Hours <u>-</u> Min. <u>-</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hosp-Supt</u>
11. BIRTHPLACE (State or foreign country) <u>Irenon, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Chas. O. Schantz</u>	13b. MOTHER'S MAIDEN NAME <u>MARtha JANE SPARKS</u>
14. NAME OF HUSBAND OR WIFE <u>Ben J Hyten</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>204-072687</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. P. Hobbs Ottumwa Iowa</u> ADDRESS _____
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) <u>Acute Hemorrhagic Purpura</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
ANTECEDENT 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.			
19a. DATE OF OPERATION	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) <u>296X</u>	
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 <u>Oct 7th, 1951</u> , to <u>10-21, 1951</u> , that I last saw the deceased alive on <u>Oct 22, 1951</u> , and that death occurred at <u>11:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Clarence F. Duffy M.D.</u> (Degree or title)	23b. ADDRESS <u>Irenon Mo</u>	23c. DATE SIGNED <u>Oct 22, 1951</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Irenon Mo</u>
DATE REC'D BY LOCAL REG. <u>10/23/51</u>	REGISTRAR'S SIGNATURE <u>Jessie Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis-Blackburn</u>	ADDRESS <u>Irenon Mo</u>

APR 15 1952



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 J. Jordan Blackman  
Licensed Embalmer No. 4602

P. O. Address Trouton, Md

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.