

5. No. 300  
EV. 10. 48

MAY 28 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44339

DELETED

0350

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

BIRTH NO.		REG. DIST. NO. 102		PRIMARY REG. DIST. NO. 4174		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Hunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Hunklin</u>			
b. CITY OR TOWN <u>Cardwell</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0350</u>		d. STREET ADDRESS (If rural, give location) <u>Cardwell, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>Blenda</u> b. (Middle) <u>Sue</u> c. (Last) <u>Hyde</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-14-1951</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>5-29-1939</u>	9. AGE (In years last birthday) <u>11</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Black Oak, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Cecil Hyde</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Briggs</u>		14. NAME OF HUSBAND OR WIFE			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecil Hyde, Cardwell, Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Truck trailer turned</u> DUE TO (c) <u>Over crushing head and other parts of the body</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>E 8 12 4</u> <u>25</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>035</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>Home 2500 N. Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cardwell Hunklin Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-14-51 8:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck overturned</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter G. Haeppel</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Cor. Kenneth, Mo</u>		23c. DATE SIGNED <u>5-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/16/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell</u>		24d. LOCATION (City, town, or county) (State) <u>Cardwell, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/17/52</u>		REGISTRAR'S SIGNATURE <u>Hubert B. Baird</u>		472		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold J. Service Cardwell, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side) Cardwell, Mo

**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 Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address Cardwell, 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.