

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31959
Registrar's No. 358

FILED SEP 16 1952

REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

04851

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Independence</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Independence</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1535 Evanston</i>		d. STREET ADDRESS (If rural, give location) <i>1535 Evanston</i>	
3. NAME OF DECEASED (Type or Print) (First) <i>Yera</i> (Middle) <i>E</i> (Last) <i>Hynden</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 3 1952</i>	
5. SEX <i>W</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb 24 1898</i>
9. AGE (In years last birthday) <i>55</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri Ill</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>Martin Sanchez</i>		13b. MOTHER'S MAIDEN NAME <i>Julesa M Hyden</i>	14. NAME OF HUSBAND OR WIFE <i>Carl M Hynden</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>496-24-2673</i>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Carl M. Hynden Independence Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Death by Drowning</i>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Lab. Results - 3 High of Barbiturate Derivative to 100cc. of Blood.</i>	
DUE TO (c) <i>Lab tests finding</i>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		<i>Lab tests finding</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>E 974X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <i>Suicide</i> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Independence Jackson Mo</i>	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>9-3-52 3:30 p.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Choked in Bath tub</i>	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Yvonne L. Owens, Coroner 3</i>		23b. ADDRESS <i>1034 Oak St Bldg</i>	23c. DATE SIGNED <i>9-6-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-6-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mount Grove</i>	24d. LOCATION (City, town, or county) (State) <i>Independence Mo</i>
DATE REC'D BY LOCAL REG. <i>9-5-52</i>	REGISTRAR'S SIGNATURE <i>James S. Craig</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>W. A. Mitchell Independence Mo</i>	

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



Licensed Embalmer No. 3156

P. O. Address 2440 - 5th

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.