

FILED JAN 5 1953

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4199</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McFall, Mo.</u>		c. LENGTH OF STAY (In this place) <u>30 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McFall, Mo.</u>		<u>0380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION --				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Rebecca Ann</u>		b. (Middle) <u>Hoyt</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>12-13-52</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>1-28-1862</u>		9. AGE (In years, last birthday) <u>90</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and State or Foreign Country) <u>Surphur Springs, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Wanner</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Ann Maggard</u>		14. NAME OF HUSBAND OR WIFE <u>Abbott F. Hoyt</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John H. Hoyt, McFall, Mo.</u>			
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* (a) <u>Serum Hemorrhage.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, 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) <u>Nepperstein.</u>					
		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>331x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>12-13</u> 19 <u>52</u> , to <u>12-13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-13</u> , 19 <u>52</u> , and that death occurred at <u>5:15 P.</u> m. from the causes and on the date stated above.							
23a. SIGNATURE <u>Marcelle Williams</u> (Degree or title) <u>DR</u>				23b. ADDRESS <u>Gentry Mo</u>		23c. DATE SIGNED <u>12-27-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Matkins Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 28-52</u>		REGISTRAR'S SIGNATURE <u>Marcelle Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Spencer</u>		ADDRESS <u>Pattonburg, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

380 /

10.48

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

Louis Lunt

Licensed Embalmer No. *4096*

P. O. Address *Pattersonburg, Pa.*

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.