

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18772

State File No.

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 20

1690
1

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

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
d. CITY (If outside corporate limits, write RURAL and give OR TOWN Madison <i>Merion</i>)		c. LENGTH OF STAY (in this place) 33 <i>app 15</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		c. CITY (If outside corporate limits, write RURAL and give township) Maude <i>1020</i>	
		d. STREET ADDRESS (If rural, give location) XXXXXXX <i>1</i>	
3. NAME OF DECEASED (Type or Print) a. (First) Jessie Lelah		b. (Middle) Hyatt	
c. (Last) Hyatt		4. DATE OF DEATH (Month) (Day) (Year) 5 13 53	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7/23/1875
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY homemaking	11. BIRTHPLACE (State or foreign country) Macon Co Mo
12. CITIZEN OF WHAT COUNTRY? usa		13a. FATHER'S NAME John William Waller	
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Perkins		14. NAME OF HUSBAND OR WIFE Dr J.A. Hyatt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME <i>Jessie Lelah Hyatt</i>		ADDRESS Madison, Mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Faunal shock in fence ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Cerebral H.I.C. 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 7953	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 P. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Jessie Lelah Hyatt</i>		23b. ADDRESS Paris, Mo	
23c. DATE SIGNED 5/14/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 15 '53	
24c. NAME OF CEMETERY OR CREMATORY Maude		24d. LOCATION (City, town, or county) (State) Maude, Shelby MO	
DATE REC'D BY LOCAL REG. 5-16-53		REGISTRAR'S SIGNATURE E. Lee Robertson <i>471</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>W. G. Kempner</i>		ADDRESS <i>Madison, 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 Frederic A. Thompson

Licensed Embalmer No. 1420

P. O. Address Wilmington, Del.

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.