No. 300
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FILED OCT 5th 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32698

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Ralls.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Saltriver Township)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Perry, Mo. R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Ralls,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perry, Missouri.
d. STREET ADDRESS (If rural, give location): 0870 0

3. NAME OF DECEASED (Type or Print)
a. (First): Cynthia
b. (Middle): R.
c. (Last): Hoyt.

4. DATE OF DEATH (Month) (Day) (Year): Sept, 24, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 3, 1866
9. AGE (In years last birthday): 87 — If under 1 year: Months 4, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Lacoma, Iowa.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jordan J. Hanson
13b. MOTHER'S MAIDEN NAME: Hulda Simons
14. NAME OF HUSBAND OR WIFE: Frances Hamilton Hoyt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Henry Hoyt
ADDRESS: Perry, Missouri.

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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Long Period

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemorrhage Brain
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: 331X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1924, *to* Sept 24, 1953 *that I last saw the deceased alive on* Sept 24, 1953, *and that death occurred at* 7:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jake E. Brown M.D.
23b. ADDRESS: Perry, Missouri.
23c. DATE SIGNED: 9-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-27-1953
24c. NAME OF CEMETERY OR CREMATORY: Lickcreek Cemetery
24d. LOCATION (City, town, or county) (State): Perry, Missouri.

DATE REC'D BY LOCAL REG.: 9-25-56
REGISTRAR'S SIGNATURE: 267 Clyde Wiley
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde Crowe
ADDRESS: Perry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Clyde C. Willey

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.