

STANDARD CERTIFICATE OF DEATH

State File No. **30046**

FILED OCT 5 1954

BIRTH NO. _____ REG. DIST. NO. **57** PRIMARY REG. DIST. NO. **5225** Registrar's No. **154**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) Gunn City		c. CITY OR TOWN Gunn City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 79 yr		• STREET ADDRESS: (If rural, give location) Gunn City, Missouri 0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home, Gunn City, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) Bruce	c. (Last) Hyatt	4. DATE OF DEATH (Month) (Day) (Year) Sept 22, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 16, 1867	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 3 Days 6	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) Louisville, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Knute Hyatt	13b. MOTHER'S MAIDEN NAME Alvina Collins	14. NAME OF HUSBAND OR WIFE Attalia Hyatt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Harold Hyatt, Latour, Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		Instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis		2 yrs
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 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 **April, 1919** to **Sept, 1954**, that I last saw the deceased alive on **Sept 19, 1954**, and that death occurred at **8:30 A. m.**, from the causes and on the date stated above.

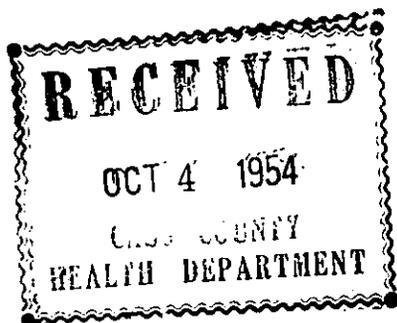
23a. SIGNATURE Edward S. Jones, M.D. (Degree or title)	23b. ADDRESS Harrisonville, Mo.	23c. DATE SIGNED 9-27-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept 25, 54	24c. NAME OF CEMETERY OR CREMATORY Gunn City Cemetery	24d. LOCATION (City, town, or county) (State) Gunn City, Missouri
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DATE REC'D BY LOCAL REG. Sept 27, 1954	REGISTRAR'S SIGNATURE Dora Barward	25. FUNERAL DIRECTOR'S SIGNATURE Canaday and Ropp, Holden, Missouri	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Signature of Student Embalmer

Signed *M. J. Conroy*

Licensed Embalmer No. 3434

P. O. Address Holden, Miss

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.