

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED AUG 12 1955

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. CITY OR TOWN Sikeston	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) 10 Yrs.		e. STREET ADDRESS (If rural, give location) 1206 Ruth Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Delta Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) PERRY b. (Middle) JENNINGS c. (Last) HYATT			4. DATE OF DEATH (Month) (Day) (Year) July 31, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30, 1907	9. AGE (In years last birthday) 48	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) Filling Station Opr.		10b. KIND OF BUSINESS OR INDUSTRY Filling Station		11. BIRTHPLACE (City and State or Foreign Country) Hagerstown, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Perry Hyatt	13b. MOTHER'S MAIDEN NAME Bertha W. Simon	14. NAME OF HUSBAND OR WIFE Mary Hyatt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes WW II	16. SOCIAL SECURITY NO. 163-07-7829	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Hyatt	ADDRESS Sikeston, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 28 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) —		
	DUE TO (c) — 4201		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-30, 1955, to 7-31, 1955, that I last saw the deceased alive on 7-31, 1955, and that death occurred at 2:30 am. from the causes and on the date stated above.

23a. SIGNATURE E. D. Wilson	(Degree or title) M.D.	23b. ADDRESS Sikeston, Missouri	23c. DATE SIGNED 8-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-3-55	24c. NAME OF CEMETERY OR CREMATORY Garden of Memories	24d. LOCATION (City, town, or county) (State) Sikeston, Missouri
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DATE REC'D BY LOCAL REG. 8-5-55	REGISTRAR'S SIGNATURE Miss Edna Hunter	FUNERAL DIRECTOR'S SIGNATURE Edward E. ...	ADDRESS Number 6 Funeral Chapel Sikeston Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED AUG 8 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 655-165

SEP 2 1955

SEP 12 1955

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 *Philip J. Casserly*

Licensed Embalmer No. 461

P. O. Address Leiston,

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.