

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **30506**

FILED OCT 10 1955

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 4459		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Osceola)		c. LENGTH OF STAY (in this place) 8 days		c. CITY OR TOWN Rural- Osceola		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) Hoscoe Township			
3. NAME OF DECEASED (Type or Print) a. (First) Levi			b. (Middle) -		c. (Last) Hyde		4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 22, 1886		9. AGE (in years last birthday) 69	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Clair County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Tom Hyde		13b. MOTHER'S MAIDEN NAME Susan Taylor		14. NAME OF HUSBAND OR WIFE Hattie Hyde			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Bert Hyde, Osceola Missouri ADDRESS _____			
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.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism						
	ANTECEDENT CAUSES DUE TO (b) Thrombophlebitis						
	DUE TO (c) Negative Left Coronary from Auto Accid					9-12-55	
	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) _____			
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 9-12, 1955 , to 9-20, 1955 , that I last saw the deceased alive on 9-20, 1955 , and that death occurred at 1:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Frank J. ...				23b. ADDRESS Osceola, Mo.		23c. DATE SIGNED 9-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-21-55	24c. NAME OF CEMETERY OR CREMATORY Osceola		24d. LOCATION (City, town, or county) (State) Osceola Missouri		
DATE REC'D BY LOCAL REG. 9-27-55		REGISTRAR'S SIGNATURE Ruth Seewald		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodrich Funeral Home, Osceola Mo			

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

NOV 30 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 *Paul J. [Signature]*.....

Licensed Embalmer No. *399*.....

P. O. Address *[Signature]*.....

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.