

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**36710**

State File No. ....

**FILED NOV 13 1956**

No. 300  
10.48

BIRTH NO. ....		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>4482</u>		Registrar's No. <u>84</u>		
1. PLACE OF DEATH a. COUNTY <b>Scotland</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before of institution). ---a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Memphis</b>		c. LENGTH OF STAY (in this place) <b>6 months</b>		c. CITY OR TOWN <b>Rural</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>0990</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Zilla</b> b. (Middle) <b>Anna</b> c. (Last) <b>Hyde</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 31 1956</b>					
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Apr. 15, 1879</b>		
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house keeping</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Scotland Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Charles Honitor</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Collins</b>			14. NAME OF HUSBAND OR WIFE <b>Roscoe C. Hyde</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ernest Mc. Daniel Carthage, Ill.</b> 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, arterio, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>					<b>5 yrs</b>	
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331x</b>						
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) 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 <u>Feb 14</u> , 1950, to <u>Oct 31</u> , 1956, that I last saw the deceased alive on <u>Oct 31</u> , 1956, and that death occurred at <u>2 P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <b>A. M. Keethler D.O.</b> (Doctor or title)				23b. ADDRESS <b>Memphis, Mo.</b>		23c. DATE SIGNED <b>11-2-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Nov. 2, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Brock</b>		24d. LOCATION (City, town, or county) (State) <b>Scotland Co. Mo.</b>		
DATE REC'D BY LOCAL REG. <b>11-7-56</b>		REGISTRAR'S SIGNATURE <b>Vera E. Palmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. W. Payne &amp; Sons Memphis Mo</b> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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 *Neal Payne*.....

Licensed Embalmer No. *2550*.....

P. O. Address *Memphis, Tenn.*.....

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.