

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30517

FILED SEP 9 1957

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall, Twp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marshall, Mo. Auto Accident</u>		Length of stay in lb <u>4</u>	d. STREET ADDRESS (If outside, give location) <u>Do not know</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>Nurban</u> Last <u>Hoyt</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>4</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 28-1899</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook in Resturant-Out of Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Locksprings, Missouri</u>	
13. FATHER'S NAME <u>John Hoyt</u>			14. MOTHER'S MAIDEN NAME <u>Lissie Shoffner</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-24-3106</u>		17. INFORMANT <u>Mrs. Mabel Kroner-Renick, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull Fracture</u> DUE TO (b) <u>Automobile accident.</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>26</u>				INTERVAL BETWEEN ONSET AND DEATH <u>few mins.</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Collision of two cars</u>			
20c. TIME OF INJURY Hour <u>3</u> a. m. <u></u> p. m. <u></u> Month, Day, Year <u>9-14-57</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>On Hwy. at 65-5 Marshall</u>		20f. CITY, TOWN, OR LOCATION, COUNTY, STATE <u>Marshall Twp, Saline MO</u>	
21. I attended the deceased from <u>Sept. August to 30 pm to 6 pm</u> and <u>know</u> her <u>and</u> him alive on <u>9-6-57</u> Death occurred at <u></u> m on the day stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>R. L. Lar Co. M.D. Corona Del Rio</u>			22b. ADDRESS <u>Marshall Mo.</u>		22c. DATE SIGNED <u>9-6-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/7/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridge park</u>		23d. LOCATION (City, town, or county) (State) <u>Marshall Mo.</u>
24. FUNERAL DIRECTOR <u>J. Leslie Swanson-Memphis</u>		ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>9-6-57</u>	26. REGISTRAR'S SIGNATURE <u>Cecil H. Read</u>

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

REC'D
MAY 11 1961

YS MAY 24 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, ~~or~~ by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *William Free*

Licensed Embalmer No. *4*

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.