Health, Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024796
STATE FILE NUMBER

FILED AUG 12 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. #1 — Length of stay in 1b 22y-5m-17d

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Auorain 0040
c. CITY OR TOWN Laddonia — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MARY Middle MAYE Last HOYT

4. DATE OF DEATH Month Aug Day 8 Year 1958

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Dec. 26, 1875
9. AGE (In years last birthday) 83 — 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Ill. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Zeba Kellum
13b. MOTHER'S MAIDEN NAME Malinda Hadsell
14. NAME OF HUSBAND OR WIFE A.E. Hoyt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT State Hosp #1 Address Fulton Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lung right - bronchopneumonia
Bladder cystitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bilat. femoral fracture (old
DUE TO (c) 962X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 47

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
333
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1 1958, to Aug 8 1958 and last saw her/him alive on Aug 8
Death occurred at 5:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James K. Rittenhouse (Degree or title) M.D. 0
22b. ADDRESS State Hospital #1
22c. DATE SIGNED 8/9/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-11-58
23c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery
23d. LOCATION (City, town, or county) Laddonia (State) Mo.

24. FUNERAL DIRECTOR Maupin Funeral Home ADDRESS Fulton Mo.
25. DATE REC'D. BY LOCAL REG. Aug. 9-1958
26. REGISTRAR'S SIGNATURE Maritha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 J. I. Rossone

Licensed Embalmer No. 2565

P. O. Address Grullon M

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.