

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035753

STATE FILE NUMBER

FILED OCT 22 1958 Registration District No. 59 Primary Registration District No. 5225 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gunn City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Gunn City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>unknown</i>				Length of stay in 1b <i>unknown</i>		d. STREET ADDRESS Gunn City, Mo.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last ATTELIA JANE HYATT				4. DATE OF DEATH Oct, 16, 1958 Month Day Year			
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3/13/1866	
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Month 7 Day 3		IF UNDER 24 HRS. Hour Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Johnson Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Heavner				14. MOTHER'S MAIDEN NAME Mary Brace			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no XXXX		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Harold Hyatt, Gunn City, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. Myocarditis- Cardiac Collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) Senility 443X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <i>Supper</i> <i>unknown</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1957 to July 16, 58 and last saw her alive on MOH 10-58 Death occurred at 6:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree of title) <i>Howard Ropp M.D.</i>				22b. ADDRESS HARRISONVILLE, MO		22c. DATE SIGNED 10/17/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 18, 1958		23c. NAME OF CEMETERY OR CREMATORY Gunn City Cemetery		23d. LOCATION (City, town, or county) (State) Gunn City, Missouri.	
24. FUNERAL DIRECTOR Canaday & Ropp, Holden, Mo.				25. DATE RECD. BY LOCAL REG. Oct 17, 1958		26. REGISTRAR'S SIGNATURE <i>Nora Barnard</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

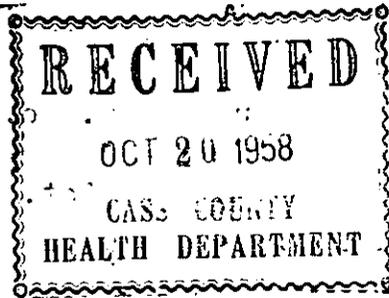
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

51 0



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 *M. L. Canaday*.....

Licensed Embalmer No. 3431

P. O. Address.. Holden, Mi.

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.