Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001951
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Verona — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): - - - — Length of stay in Hospital: 25 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Verona — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): - - - - — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ALFRED Middle: PINKNEY Last: HYDER
4. DATE OF DEATH: Month Jan. Day 17 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 6, 1883
9. AGE (In years last birthday): 75 — 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): Ret. Railroader
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (City and state or country): Fair Grove, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA.
13a. FATHER'S NAME: A. J. Hyder
13b. MOTHER'S MAIDEN NAME: Eliza A. Hine
14. NAME OF HUSBAND OR WIFE: Sophie Hyder
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: Sophie Hyder Address: Verona, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhage, Cerebral, massive — INTERVAL BETWEEN ONSET AND DEATH: 38 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension, essential — 5 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis, generalized
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 331X
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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 March 2, 1955 to Jan 17 1959 and last saw her/him alive on Jan 17, 1959.
Death occurred at 9:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Kenneth L. Kelsey M.D. (Degree or title)
22b. ADDRESS: Aurora, Mo.
22c. DATE SIGNED: 1/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/20/59
23c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
23d. LOCATION (City, town, or county) (State): Verona, Mo.
24. FUNERAL DIRECTOR: Arnold's Funeral Home; ADDRESS: Aurora, Mo.
25. DATE REC'D BY LOCAL REG.: 1/19/59
26. REGISTRAR'S SIGNATURE: Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

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.

JAN 28 1959

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 Lawrence R. Leonard

Licensed Embalmer No. 4929

P. O. Address Aurora, Me.

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.