Health, Welfare Public Service

. 300 1-57 4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008176
STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY: Vernon	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Nevada — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: Nevada 1082 c — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Tate Nursing Ho — Length of stay in 1b: 75 Yrs.	d. STREET ADDRESS (If outside, give location): 812 Nol Washington — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Emma Middle: F Last: Hyder

4. DATE OF DEATH: Month: Feb. Day: 2, Year: 1959

5. SEX: Female c

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: 9-3-1862

9. AGE (In years last birthday): 96 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and state or country): Burlington, Ind.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Michael Trace

13b. MOTHER'S MAIDEN NAME: Easther Trace

14. NAME OF HUSBAND OR WIFE: John L. Hyder (Dec'd)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X X

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Address: Mrs William Baker, Bolivar, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 4 Wks.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): General Arteriosclerosis

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4205

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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 1948, to 1959 and last saw her alive on 1-10-59. Death occurred at 10 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F L Martin (Degree or title): M. D. c

22b. ADDRESS: Nevada, Mo.

22c. DATE SIGNED: 2-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb. 5, 59

23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Pk.

23d. LOCATION (City, town, or county) (State): Vernon Co. Missouri

24. FUNERAL DIRECTOR: Richard L. Shorten ADDRESS: Nevada, Mo.

25. DATE RECD. BY LOCAL REG.: 2-11-1959

26. REGISTRAR'S SIGNATURE: Omal E Perry

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 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 Lloyd C. McLoyd

Licensed Embalmer No. 4853

P. O. Address Neosho, Mo.

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.