

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018518
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 44

300
1-57

1. PLACE OF DEATH a. COUNTY McDonald <i>Neosho</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		c. CITY OR TOWN Anderson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sales Memorial Hosp 7 Wks.		d. STREET ADDRESS (If outside, give location) On Town	

3. NAME OF DECEASED (Type or print) First Bess Middle Donald Last Hoyder			4. DATE OF DEATH Month May Day 23 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 1, 1886	9. AGE (In years birthday) 72	10. FUNDER 1 YEAR Months 5 Days 22	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Neosho, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME O. G. Harbison	13b. MOTHER'S MAIDEN NAME Lisabeth Roberts	14. NAME OF HUSBAND OR WIFE J. A. Hoyder
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mr. J. A. Hoyder Anderson, Mo.
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18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage (massive)		INTERVAL BETWEEN ONSET AND DEATH 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 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)		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.)
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20c. TIME OF INJURY Hour Month Day Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <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 Neosho, Mo	COUNTY STATE
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21. I attended the deceased from April 3-5-59 to May 23-59 and last saw her alive on May 23-59 Death occurred at 10:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Melvin C. Bowman M.D.	22b. ADDRESS Neosho, Mo	22c. DATE SIGNED 5-27-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/23/1959	23c. NAME OF CEMETERY OR CREMATORY Peace Valley	23d. LOCATION (City, town, or county) (State) Anderson, Missouri.
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24. FUNERAL DIRECTOR ADDRESS Rapp Funeral Home Anderson, M.	25. DATE RECD. BY LOCAL REG. 5-27-59	26. REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Docu; coroner, etc. may use any standard nomenclature in Part 16. No symptoms will be listed. All diseases in Part I must be causally related.

Date Filed MAY 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 Carl Papp

Licensed Embalmer No. 34558

P. O. Address Anderson, 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.