

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031609

FILED VS SEP 25 1959

43

Primary Registration District No.

3007

Registrar's No.

432

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 4 days		c. CITY OR TOWN Puxico		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 2 Duckcreek Twn.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Louie Middle C. Last Hyten				4. DATE OF DEATH Month Sept Day 9 Year 1959				
5. SEX male	6. COLOR OR RACE cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/26/86	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farming			10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Infield, Ill.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Joseph Hyten			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Ethel Hyten		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-24-9806		17. INFORMANT Address Ethel Hyten Puxico, Mo 4 " 2				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure							INTERVAL BETWEEN ONSET AND DEATH 9-9-59	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Heart Cancer							2 da	
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 10:25 P. Month, Day, Year 9-7-59	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 Puxico, Mo		COUNTY Stoddard STATE MO	
21. I attended the deceased from 9-7-59 to 9-9-59 and last saw her alive on 9-9-59 Death occurred at 10:25 P. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) S. S. Lewis M.D.				22b. ADDRESS Poplar Bluff Mo			22c. DATE SIGNED 9-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/12/59	23c. NAME OF CEMETERY OR CREMATORY Rock Hill Cemetery		23d. LOCATION (City, town, or county) (State) Puxico, Mo Route 1				
24. FUNERAL DIRECTOR Watkins & Sons Puxico, Mo			25. DATE REGD. LOCAL REG 9/16/59		26. REGISTRAR'S SIGNATURE R. M. ...			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1421
SEP 28 1960

IS SEP 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul Matlack

Licensed Embalmer No. 4964

P. O. Address Centerville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.