URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-023662
STATE FILE NUMBER

FILED VS JUL 6 1960

Registration District No. 170 Primary Registration District No. — Registrar's No. 97

NDED

1. PLACE OF DEATH
a. COUNTY Laclede County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Township — Length of stay in 1b 40 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4mi. N.W. of Phillipsburg — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Laclede
c. CITY OR TOWN Phillipsburg — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural Rt. #1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Jacob Middle Earl Last Hyde
4. DATE OF DEATH Month June Day 27, Year 1960
5. SEX Male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-1-02
9. AGE (last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (City and state or country) Laclede Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Alexander Hyde
13b. MOTHER'S MAIDEN NAME Copening
14. NAME OF HUSBAND OR WIFE Myra H yde
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 497-22-0512
17. INFORMANT Address A.C. Hyde, Lebanon, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro Vascular accident — INTERVAL BETWEEN ONSET AND DEATH hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart disease — 6 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) Diabetes mellitus (3 years)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
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 6-12-58, to 6-28-60 and last saw ~~her~~ him alive on 5-30-1960
Death occurred at 5:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. W. Summers M.D.
22b. ADDRESS Lebanon Mo
22c. DATE SIGNED 6-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 6-30-60
23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery
23d. LOCATION (City, town, or county) (State) Conway, Missouri

24. FUNERAL DIRECTOR D. Shedel — ADDRESS Lebanon, Mo.
25. DATE RECD. BY LOCAL REG. 6-30-1960
26. REGISTRAR'S SIGNATURE Della L. Day

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

JUL 19 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_____ Signed Gene B. Hunter

Signature of Student Embalmer

Licensed Embalmer No. 4738

P. O. Address Spfd. M

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.