

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023875

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 127 Primary Registration District No. 3040 Registrar's No. 120

FILED JUN 18 1962

VS 300
Rev. 4/59

10595
20590

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO. b. COUNTY LIVINGSTON (mission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE		Length of stay in 1b 1 WEEK	c. CITY OR TOWN DAWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10 MI.S. of DAWN Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First BERT	Middle ALLEN	Last HOYT	Month JUNE	Day 5	Year 1962	

5. SEX MALE	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 5/25/1895	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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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) LIVINGSTON CO. MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN H. HOYT	13b. MOTHER'S MAIDEN NAME OCTA BOWEN	14. NAME OF HUSBAND OR WIFE MINNIE CRISMOND
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT MRS. BERT HOYT: RR#1 DAWN, MISSOURI
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18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute myocardial infarction		6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary artery disease	unknown
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
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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 a.m. p.m.	Month, Day, Year
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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 CHILLICOTHE, MISSOURI
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21. I attended the deceased from July 19 56 to June 5, 1962 and last saw him alive on June 4, 1962
Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William L. Fair, M.D.	22b. ADDRESS Chillicothe, MO.	22c. DATE SIGNED 6/5/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/7/62	23c. NAME OF CEMETERY OR CREMATORY RESTHAVEN CEMETERY	23d. LOCATION (City, town, or county) CHILLICOTHE, MISSOURI
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24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo.	25. DATE RECD. BY LOCAL REG. June 5, 1962	26. REGISTRAR'S SIGNATURE Annalee Taylor
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USE BLACK INK OR TYPEWRITER RIBBON

JUN 19 1962

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 John P. Rodgers
Licensed Embalmer No. 4963

P. O. Address CHILLICOTHE, MISSOURI

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.