

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039856

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 75

FILED OCT 25 1962

VS 300
Rev. 4/59

1 0910

2 0910

3 1

4 0

5 1

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7 1

8 0

9 4200

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ripley County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Doniphan</u>		c. CITY OR TOWN <u>Doniphan</u>	
Length of stay in lb <u>4 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Ripley Co. Mem. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Route #7</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Russell</u> Middle <u>George</u> Last <u>Hyland</u>			4. DATE OF DEATH Month <u>October</u> Day <u>16</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-14-1897</u>
9. AGE (last birthday) <u>65</u>		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) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Prairie Du Sac, Wis. U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <u>Elson Hyland</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Squires</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Hyland</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Ruth Hyland Doniphan, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Polycythemia</u>			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 _____ a.m. _____ p.m. Month, Day, Year _____			
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	COUNTY _____ STATE _____
21. I attended the deceased from <u>10-12-62</u> to <u>10-16-62</u> and last saw ^{her} him alive on <u>10-15-62</u> Death occurred at <u>2:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Leon R. Buchanan Jr. MD</u>		22b. ADDRESS <u>Doniphan, Mo.</u>	22c. DATE SIGNED <u>10-17-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-19-62</u>	23c. NAME OF CEMETERY OR CREMATION <u>Doniphan Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri</u>
24. FUNERAL DIRECTOR <u>Edwards Funeral Home Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-19-62</u>	26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 26 1962

STATE OF MISSISSIPPI

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 Gene Harrent

Licensed Embalmer No. 4509

P. O. Address Naylor, 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.

Permitted 10-19-62 J.H.