

No. 300  
10-47  
5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42078

FILED DEC 31 1948

Registration District No. 277

Primary Registration District No. 6076

Registrar's No. 2290

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Manchester  
(c) Name of hospital or institution: Manchester Nursing Home  
(d) Length of stay: In hospital or institution 4  
In this community 4 years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Clayton Hiatte  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nancy A. Hiatte  
6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased July 10 1866  
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 28  
If less than one day hr. min.

9. Birthplace Stoneyhill Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business

12. Name Samuel Hiatte  
13. Birthplace Stoneyhill Missouri  
14. Maiden name Elizabeth Joiner  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Baehr  
(b) Address New Haven, Mo.

17. (a) Burial (b) Date thereof 12-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berger, Mo.

18. (a) Signature of funeral director Paul H. Blumer  
(b) Address Berger, Mo.

19. (a) 12-9-48 (b) Thurmond  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin  
(c) City or town New Haven  
(d) Street No. Olive Street  
(e) Citizen of foreign country? No  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month Dec. day 9 year 1948 hour 3 minute 00 A. M.  
21. I hereby certify that I attended the deceased from Nov 15 1948 to Dec 9 1948  
that I last saw him alive on Dec 8 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate Gland  
General metastasis

Due to 578  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury 0  
Signature Chas. Blumer (M. D. or other)  
Address Creek Cross Rd Date signed 12-9-48

JAN 26 1949

JAN 25 1949

JAN 26 1949

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed James W. Durbak

Licensed Embalmer No. 4329

P. O. Address St Louis 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 this body is not embalmed, fact should be so stated above.**