No. 300
10.48

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11621

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 4053 Registrar's No. 429

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeKalb
c. LENGTH OF STAY (in this place): 85 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City of De Kalb, Mo. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan 11
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Buchanan~~ DeKalb 0 0
d. STREET ADDRESS (If rural, give location): None. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Ellen
c. (Last): Hiatt

4. DATE OF DEATH (Month) (Day) (Year): April 16 1949

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Febr. 15, 1864
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: * ****
11. BIRTHPLACE (State or foreign country): Buchanan County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Simmons
13b. MOTHER'S MAIDEN NAME: Margaret Garton
14. NAME OF HUSBAND OR WIFE: Meret Newby Hiatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ********
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Thomas H. Hiatt 2721 Monterey St., St. Joseph, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic — 6 months
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 14, 1949, *to* April 16, 1949, *that I last saw the deceased alive on* Apr 16, 1949, *and that death occurred at* 12:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Benjamin M. Riles D.O.
23b. ADDRESS: 6207 King Hill Ave St. Joseph, Mo
23c. DATE SIGNED: 3-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 18, 1949
24c. NAME OF CEMETERY OR CREMATORY: West Lawn Cemetery
24d. LOCATION (City, town, or county) (State): De Kalb, Missouri

DATE REC'D BY LOCAL REG.: Apr 19, 1949
REGISTRAR'S SIGNATURE: E. C. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Meierhoff
ADDRESS: 1946 Colhoun St. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 ********* Student Embalmer

Signed Albert E. Farrington

Licensed Embalmer No. 3258 Missouri.

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