

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15330**

FILED JUN 9 1949

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

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 5305		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) Osage City		c. LENGTH OF STAY (in this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) Osage City			
d. FULL NAME OF HOSPITAL OR INSTITUTION West St.				d. STREET ADDRESS (If rural, give location) West St.			
3. NAME OF DECEASED a. (First) Hattie Dorton b. (Middle) Evans c. (Last) _____			4. DATE OF DEATH Month June , Day 3 , Year 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17, 1877		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7	IF UNDER 2 HRS. Days 16 Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (State or foreign country) New Bloomfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME W. R. Dorton		13b. MOTHER'S MAIDEN NAME Virginia Pratt		14. NAME OF HUSBAND OR WIFE Dennis G. Evans			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Dennis G. Evans				
				ADDRESS Osage City, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) hypertension		2 yrs		
			DUE TO (c) hypertensive heart d.		2 yrs		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		443X				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 12, 1948 , to June 3, 1949 , that I last saw the deceased alive on June 1, 1949 , and that death occurred at 12:00 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE H. Kanagawa MD				23b. ADDRESS 1 Ballmeys Bldg		23c. DATE SIGNED 6/4/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-5-49	24c. NAME OF CEMETERY OR CREMATORY Union Hill Cemetery		24d. LOCATION (City, town, or county) (State) Holt Summit Mo.		
DATE REC'D BY LOCAL REG. June 4-1949		REGISTRAR'S SIGNATURE R. P. Darrin MD-7K-108		25. FUNERAL DIRECTOR'S SIGNATURE Victor Busschey		ADDRESS Holt Summit, Mo.	

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 8 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 _____

Student Embalmer No. 3 - 315

working under my personal supervision

Aug. Ed. Nelson

Student *Ed. Brennan*
Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address *Jefferson City, 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.