

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19113

BIRTH NO.		REG. DIST. NO. 110		PRIMARY REG. DIST. NO. 5-425- Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY FRANKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin 31		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boeuf		c. LENGTH OF STAY (In this place) 6 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boeuf		
d. FULL NAME OF HOSPITAL OR INSTITUTION His Residence-Ber, Mo.RFD			d. STREET ADDRESS (If rural, give location) 1 miles South of Berger, Mo		
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) HENRY	c. (Last) HIATTE	4. DATE OF DEATH (Month) (Day) (Year) 6 16 1949	
5. SEX Male U	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 2-13-1938	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Months 4
IF UNDER 24 HRS. Days 3	Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School child	10b. KIND OF BUSINESS OR INDUSTRY Pupil	11. BIRTHPLACE (State or foreign country) Berger, Missouri. D	
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Marsh Hiatte	13b. MOTHER'S MAIDEN NAME Leoma Jaeger	14. NAME OF HUSBAND OR WIFE Unmarried		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marsh Hiatte Berger, Mo.RFD			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of Brain  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH  223X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 15, 1949, to June 16, 1949, that I last saw the deceased alive on June 15, 1949, and that death occurred at 3:00A. m., from the causes and on the date stated above.					
23a. SIGNATURE <i>W. H. D. O.</i> (Degree or title)			23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 6/16/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/18/1949	24c. NAME OF CEMETERY OR CREMATORY St. John's Evang Cem	24d. LOCATION (City, town, or county) (State) Berger, Missouri.		
DATE REC'D BY LOCAL REG. June 17	REGISTRAR'S SIGNATURE 93 Jessie Grammer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Paul H. Blumer</i> Berger, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUN 21 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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Hermon Berger

Licensed Embalmer No. 528

P. O. Address Berger Mt

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.