

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41697

State File No. ....

6106

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4314 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta Lyda</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta</u> <u>61</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm - Oliver</u> b. (Middle) <u>Hiatt</u> c. (Last) <u>Hiatt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-25-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec 18 - 1864</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	9. AGE (To years last birthday) IF UNDER 1 YEAR IF UNDER 4 HRS. <u>84</u> <u>11</u> <u>22</u>
11. BIRTHPLACE (State or foreign country) <u>Appanoose, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mathew C. Hiatt</u>		13b. MOTHER'S MAIDEN NAME <u>Kathleen Tucker</u>	
14. NAME OF HUSBAND OR WIFE <u>Flora E. Hiatt</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>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harley Hiatt Atlanta Mo</u>	
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) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral artery plaque</u> DUE TO (c) <u>Hypertension arterial</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>	
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) <u>331X</u>	
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 <u>9-25, 1949</u> to <u>11-25, 1949</u> , that I last saw the deceased alive on <u>11-25, 1949</u> and that death occurred at <u>12:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>[Signature]</u>		23b. ADDRESS <u>Macon Mo</u>	23c. DATE SIGNED <u>12-8-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stedley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Macon Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>12-10-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. D. B. [Signature]</u> <u>186</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. M. Goodding Atlanta Mo.</u>	

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

APR 27 1950

RECEIVED 12/13/49  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 12/49/52  
Date Filed 12/23/49

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 H. M. Goodding

Licensed Embalmer No. 1750. J

P. O. Address Atlanta 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.