V.S. No. 300.
Rev. 10.48

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

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16000

BIRTH NO. 260221-50 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 216

0173 0

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff 0173 0
d. STREET ADDRESS (If rural, give location): Doctors Hospital

3. NAME OF DECEASED (Type or Print)
a. (First): Kathryn
b. (Middle): Anne
c. (Last): Hadorn

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant ()
8. DATE OF BIRTH: May 22, 1950
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 1 — If under 24 hrs.: Hours 12, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: George Hadorn
13b. MOTHER'S MAIDEN NAME: Reva Dighton
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: George Hadorn — ADDRESS: Malden, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Prematurity

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Atelectasis Pulmonal
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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* 5-22, 1950, *to* 5-23, 1950, *that I last saw the deceased alive on* 5-23, 1950 *and that death occurred at* 11:00 m, *from the causes and on the date stated above.*

23a. SIGNATURE Arthur D. Parker (Degree or title) M.D.
23b. ADDRESS Poplar Bluff, Mo.
23c. DATE SIGNED 5/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial ()
24b. DATE: MAY 26
24c. NAME OF CEMETERY OR CREMATORY: HOPKINTON, IOWA
24d. LOCATION (City, town, or county) (State): HOPKINTON, IOWA

DATE REC'D BY LOCAL REG.: May 27-1950
REGISTRAR'S SIGNATURE: Wm. H. Johnson M.D. 428
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: DAY FUNERAL HOME MALDEN, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 31 1960
BUTLER CO. HEALTH CENTER
FILE No. 550-244

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.

Signed J. W. Schaumer

Licensed Embalmer No. 4086

P. O. Address Malden, Mo.

Signed .....
Student Embalmer

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.