

FILED MAY 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 18266
4117

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Taylorville 8120.	
c. LENGTH OF STAY (In this place) 11 days		d. STREET ADDRESS (If rural, give location) R. R. #2 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print) Raymond	a. (First)	b. (Middle) W.	c. (Last) Hiatt	4. DATE OF DEATH (Month) (Day) (Year) May 5, 1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7	8. DATE OF BIRTH Nov. 22, 1902	9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) 47
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Rudolph Hiatt	13b. MOTHER'S MAIDEN NAME Queen Cheek	14. NAME OF HUSBAND OR WIFE Wanita Hiatt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil	16. SOCIAL SECURITY NO. 344-07-8690	17. INFORMANT'S SIGNATURE OR NAME Wayne Hiatt	ADDRESS 2229 Woodson Rd.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Scleroderma, generalized and progressive		3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Tuberculosis, moderately advanced, lymph node and pulmonary 5 years	

19a. DATE OF OPERATION 5/2/50	19b. MAJOR FINDINGS OF OPERATION Lymph node biopsy: Tuberculosis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 7120 Ark
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7:35	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 21, 1950, to May 5, 1950, that I last saw the deceased alive on May 5, 1950, and that death occurred at 9:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE F.R. Bradley	(Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 5/5/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5	24b. DATE 5-6-50	24c. NAME OF CEMETERY OR CREMATORY Jenny Lind Cemetery	24d. LOCATION (City, town, or county) (State) Ft. Smith Arkansas
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DATE REC'D BY LOCAL REG. MAY 6 1950	REGISTRAR'S SIGNATURE J. B. Sasator	25. FUNERAL DIRECTOR'S SIGNATURE Collier	ADDRESS 10123 St. Charles Rock Rd.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Oliver P. Edwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address.....

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.