

FILED JUL 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21282

State File No.

BIRTH NO. REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arizona</u> COUNTY <u>Maricopa</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowry City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Phoenix</u> <u>8020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert Hatton</u> b. (Middle) <u>Gilmer</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>6/5/1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/31/1878</u>
9. AGE (In years by birthday) <u>71</u>		IF UNDER 1 YEAR <u>5</u> Months <u>5</u> Days	IF UNDER 4 HRS. <u>5</u> Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>teaching</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>College Professor</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Samuel P. Hatton</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Riggs</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Bishop Gilmer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Wilson Lowry City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Trouble</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Enlargement of Heart</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>6-8 min</u> <u>11214</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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 <u>6/5</u> , 19 <u>50</u> , to <u>6/5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6/5</u> , 19 <u>50</u> , and that death occurred at <u>8:30 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C S Stratton M.D.</u>		23b. ADDRESS <u>Lowry City Missouri</u>	
23c. DATE SIGNED <u>6/5/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>6/6/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Newcomers Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-10-1950</u>		REGISTRAR'S SIGNATURE <u>Ruth Seavers 288</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>FB Goodrich</u>		ADDRESS <u>Quaker No</u>	

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

0930

APR 5 1951

OCT 3 1950
FEB 26 1951

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 2-11-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. B. Bradfield

Licensed Embalmer No. 3038

P. O. Address Osceola, 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.