

31300

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Mo.</b> b. COUNTY <b>Shannon</b>	
b. CITY OR TOWN <b>Rolla</b>	c. LENGTH OF STAY (in this place) <b>6 weeks</b>	c. CITY OR TOWN <b>Montier</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFarland Rest Home</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>Frank</b>	a. (First)	b. (Middle)	c. (Last) <b>Hatton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 28-50</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 9-1870</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 12 HRS. Days <b>19</b>	IF UNDER 1 MIN. Hours <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Jane Jordon</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie Hatton</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>S. A. Hatton</b>	ADDRESS <b>Montier, Mo.</b>
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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, asthenia, 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) <b>gangrene left leg (not diabetic)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Old age.</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fatty heart action</b>		<b>455 X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 Aug. 21, 19 50, to Sept. 28, 19 50, that I last saw the deceased alive on Sept. 28, 1950, and that death occurred at 3:25p m., from the causes and on the date stated above.

23a. SIGNATURE <b>Widney McFarland</b> (Degree or title)	23b. ADDRESS <b>Rolla Mo.</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-1-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Montier</b>	24d. LOCATION (City, town, or county) (State) <b>Montier, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-1-50</b>	REGISTRAR'S SIGNATURE <b>Nadene L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan Funeral Home</b>	ADDRESS <b>Mtn View, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

24

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed OCT 10 1950

**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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.