

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.State File No. 3382

BIRTH NO.		REG. DIST. NO. <u>252</u>		PRIMARY REG. DIST. NO. <u>4519</u>		Registrar's No. <u>3382</u>	
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Taney</u> <u>106A</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forsyth, Mo</u> <u>0</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Skaggs Community Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>FRED</u> c. (Last) <u>HIATT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18, 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>July 29, 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u>	IF UNDER 2 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired candy maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>making candy</u>		11. BIRTHPLACE (State or foreign country) <u>ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LEWIS HIATT</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>ABBIE 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 <u>CLIFF HIATT</u>		ADDRESS <u>Forsyth, 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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</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>2 h.</u> <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. 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>April 18th, 1950</u> , to <u>Sept 18th, 1950</u> , that I last saw the deceased alive on <u>Sept 18th, 1950</u> , and that death occurred at <u>4:20 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>[Signature]</u>		23c. DATE SIGNED <u>9/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/20/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Branson, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 22, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 21 1950

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 25 1950

Dist. File 930-1981

Date Filed 9-27-50

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.....

Walter S. Cobb

Licensed Embalmer No.

4731

P. O. Address

Forayth, 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.