

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35592

BIRTH NO. 56,752-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2644

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Genevieve				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Mary's 09.50		d. STREET ADDRESS (If rural, give location) 1		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital								
3. NAME OF DECEASED (Type or Print) Thomas William Hatton			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept. 26, 1950		9. AGE (In years last birthday) 1	F UNDER 1 YEAR Days	F UNDER 1 HR. Hours	F UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (State or foreign country) Cape Girardeau, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Hatton			13b. MOTHER'S MAIDEN NAME Wanda Thomas		14. NAME OF HUSBAND OR WIFE nil--			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME William Hatton					ADDRESS St. Mary's, Mo.
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>embolism</u> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart failure</u>						INTERVAL BETWEEN ONSET AND DEATH 7544	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>several defects</u> <u>- Pulmonary atresia, aortic</u>							20. AUTOPSY? YES <input checked="" 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)		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>10-6</u> , 19 <u>50</u> , to <u>Oct. 31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 31</u> , 19 <u>50</u> , and that death occurred at <u>1:35</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Chester P. Lympala D.M.D.</u>				23b. ADDRESS <u>1325 So Grand Ave</u>		23c. DATE SIGNED <u>10-31-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>11-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>St. Marys, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>11-1-50</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>4700 Washington</u>			

RWA 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~~ by Me

working under my personal supervision.

Student Embalmer No.....

Signed.....

W. W. Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St. Louis 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.