

FILED DEC 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10176

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3016 Registrar's No. 279

1. PLACE OF DEATH
a. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City Mo

c. LENGTH OF STAY (If in this place) Days 1

d. FULL NAME OF HOSPITAL OR INSTITUTION 1211 St Mary, Bold.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Missouri b. COUNTY Cole

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City

d. STREET ADDRESS (If rural, give location) 1211 St Mary, Bold.

3. NAME OF DECEASED
(Type or Print) a. (First) JOHN b. (Middle) HATTING c. (Last) HATTING

4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed

8. DATE OF BIRTH March 10, 1881

9. AGE (In years last birthday) 69

IF UNDER 1 YEAR Months 8 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker

10b. KIND OF BUSINESS OR INDUSTRY Trust Bldg.

11. BIRTH PLACE (State or foreign country) Jefferson City Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Bernard Hattig

13b. MOTHER MAIDEN NAME Mary Luena Brand

14. NAME OF HUSBAND OR WIFE Clara Schrandt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Berwin Lanner J.C. Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) died in his sleep
DUE TO (c) some time during the night 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead when I viewed, 19, that I last saw the deceased alive on 12-8, 1950, and that death occurred at A m. from the causes and on the date stated above.

23. SIGNATURE J. Leslie M.D. Coroner

23b. ADDRESS Jeff City Mo

23c. DATE SIGNED 12-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE Dec. 12, 1950

24c. NAME OF CEMETERY OR CREMATORY St Peter

24d. LOCATION (City, town, or county) (State) J.C. Mo.

DATE REC'D BY LOCAL REG. Dec. 12-1950

REGISTRAR'S SIGNATURE R.P. Davis M.D. M.O.

25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle

ADDRESS J.C. Mo.

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

RECEIVED 12-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 12-18-50

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.....

Donan K. James

Student Embalmer No. 374

working under my personal supervision.

Student Donan K. James
Student Embalmer

Signed Sylvester Dull
Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.