No. 300
10.48

0940

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

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41929

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6094 Registrar's No. 407

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEADWOOD
c. LENGTH OF STAY (In this place): 46 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LEADWOOD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEADWOOD
d. STREET ADDRESS (If rural, give location): NONE

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): EDWARD
c. (Last): HATRIDGE

4. DATE OF DEATH (Month) (Day) (Year): DEC 11, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 4 1876
9. AGE (In years last birthday): 74
If under 1 year: Months: 8 Days: 7
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER
10b. KIND OF BUSINESS OR INDUSTRY: LEAD MINING
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MILTON HATRIDGE
13b. MOTHER'S MAIDEN NAME: MARY CAMPBELL
14. NAME OF HUSBAND OR WIFE: MINNIE HATRIDGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 493-05-0113
17. INFORMANT'S SIGNATURE OR NAME: MINNIE HATRIDGE
ADDRESS: LEADWOOD, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiovascular renal disease — 26 days
DUE TO (c): uremia — 4 days

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Contusion of head — 6 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Leadwood St Francois Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 5 1950 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Carrying wood & fell

22. I hereby certify that I attended the deceased from Dec 4 1950, to Dec 11, 1950; that I last saw the deceased alive on Dec 10, 1950, and that death occurred at 4:15 m., from the causes and on the date stated above.

23a. SIGNATURE: John W Hunt
(Degree or title): M.D.
23b. ADDRESS: Leadwood Mo
23c. DATE SIGNED: 12/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 14, 1950
24c. NAME OF CEMETERY OR CREMATORY: LEADWOOD CEMETERY
24d. LOCATION (City, town, or county) (State): LEADWOOD, MISSOURI

DATE REC'D BY LOCAL REG.: Dec. 13, 1950
REGISTRAR'S SIGNATURE: Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE: Bert L Boyer
ADDRESS: Leadwood Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 16 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed William E. Boyer

Signed .....
Student Embalmer

Licensed Embalmer No. 4730

P. O. Address Hadwood, 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.