

FILED SEP 13 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27825

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 149

1. PLACE OF DEATH
 a. COUNTY PHelps 0812
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla
 c. LENGTH OF STAY (In this place or township) 1 DAY
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McFarland Nurs. Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
 a. STATE Missouri b. COUNTY Stoddard
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boulevard "Rural" Liberty
 d. STREET ADDRESS (If rural, give location) 2 MI East of Leesburg, Mo

3. NAME OF DECEASED
 a. (First) John b. (Middle) Oscar c. (Last) HIETT
 4. DATE OF DEATH (Month) (Day) (Year) AUG-31-1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
 8. DATE OF BIRTH Feb. -15-1877 9. AGE (In years last birthday) 74 6 16 16

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

13a. FATHER'S NAME Hugh M. HIETT 13b. MOTHER'S MAIDEN NAME Sarah Petty 14. NAME OF HUSBAND OR WIFE ETHEL ANDERSON

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. 496-22-2404-A 17. INFORMANT'S SIGNATURE OR NAME Mrs. ETTIE HIETT ADDRESS Boulevard RITE 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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) meningitis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) metastatic carcinoma of prostate
 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 72 hrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 177X 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 March, 1948 to Aug 31, 1951, that I last saw the deceased alive on Aug 20, 1951, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Ronald K. Scott D.O. (Degree or title) 23b. ADDRESS Bourbon, Mo. 23c. DATE SIGNED 8-31-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-3-51 24c. NAME OF CEMETERY OR CREMATORY led Cemetery 24d. LOCATION (City, town, or county) (State) Leasburg MO

DATE REC'D BY LOCAL REG. Sept. 4, 1951 REGISTRAR'S SIGNATURE Nadine L. Stoll 25. FUNERAL DIRECTOR'S SIGNATURE Norman C. Haerter ADDRESS Cuba, Mo

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

SEP 25 1957

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.....

Norman C. Koener

Signed.....
Student Embalmer

Licensed Embalmer No. *4673*

P. O. Address *Cuba, 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.