

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

State File No. **33622**
4571

FILED NOV 10 1951

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|--|--|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | | | |
| b. CITY OR TOWN KANSAS CITY | | c. LENGTH OF STAY (In this place) 35 YRS | | c. CITY OR TOWN KANSAS CITY | | d. STREET ADDRESS (If rural, give location) 106 GARFIELD | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION INDEP. NURSING HOME | | | | 141. INDEP. APE | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) ALLISON c. (Last) HIATT | | | 4. DATE OF DEATH (Month) (Day) (Year) 10-26-1951 | | | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | 8. DATE OF BIRTH JAN. 19-1959 | |
| 9. AGE (In years last birthday) 92 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STONE MASON | | 10b. KIND OF BUSINESS OR INDUSTRY RETIRED | | 11. BIRTHPLACE (State or foreign country) TAMA, IOWA | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME W.M. HIATT | | 13b. MOTHER'S MAIDEN NAME ANNA CLARK | | 14. NAME OF HUSBAND OR WIFE MARY ELLEN HIATT | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Wm. JOHN ALLEN ADDRESS 106 GARFIELD | | | |
| 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) Broncho pneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Edema 5 days DUE TO (c) Arterio Sclerotic Heart Disease Years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200 | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Oct 2</u> , 1951, to <u>Oct 26</u> , 1951, that I last saw the deceased alive on <u>Oct 25</u> , 1951, and that death occurred at <u>9:15 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Wm. W. Hart MD (Degree or title) | | | | 23b. ADDRESS 1305 Brookside Plaza Kansas City Mo. | | 23c. DATE SIGNED 10-27-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE Oct. 29-1951 | | 24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEM. | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MO. | |
| DATE REC'D BY LOCAL REG. 10-27-51 | | REGISTRAR'S SIGNATURE Seraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son Inc. K.C. Mo. ADDRESS _____ | | | |

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, or by.....

W. C. Rinne

working under my personal supervision.

Student Embalmer No. *409*.....

Signed *W. C. Rinne*.....
Student Embalmer

Signed *Bert B. Bennett*.....

Licensed Embalmer No. *4656*.....

P. O. Address *Hannan City, Md*

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.