

FILED NOV 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. **36685**

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 122

1242
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Des Moines</u> <u>8140</u>	
d. FULL NAME OF HOSPITAL OR VA HOSPITAL, EXCELSIOR INSTITUTION <u>Excelsior Springs, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>1131 Henderson</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>	b. (Middle) <u>M.</u>	c. (Last) <u>HIATT, Jr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 25, 1913</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Des Moines, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank M. Hiatt</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ivers</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Hiatt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>	16. SOCIAL SECURITY NO. <u>482076163</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records, Excelsior Springs, Mo.</u>	ADDRESS
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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) <u>Azotemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unkn.</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		<u>Unkn.</u>
	DUE TO (b) <u>Tuberculosis of kidney, right</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION <u>--</u>	19b. MAJOR FINDINGS OF OPERATION <u>--</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>--</u>
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22. I hereby certify that I attended the deceased from 10-31-51, 1951, to 11-3-51, 1951, that death occurred at 12:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy K. Smith</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>11-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-4-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>--</u>	24d. LOCATION (City, town, or county) (State) <u>Des Moines, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>11/6/51</u>	REGISTRAR'S SIGNATURE <u>Carolyn Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Max Crum</u> ADDRESS <u>Camery, Mo.</u>
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1887-1911

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 Harold L. Walker

Signed.....
Student Embalmer

Licensed Embalmer No. 45-88

P. O. Address Lackawanna, 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.