

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5744

644

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

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Maxion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maxion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leveying Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>115 Dowling</u>	
3. NAME OF DECEASED a. (First) <u>Wayner</u> b. (Middle) <u>G</u> c. (Last) <u>Hatcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 26, 1863</u>
9. AGE (In years last birthday) <u>89</u>		<u>5</u> <u>9</u>	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>White Hall, Ill.</u>
13a. FATHER'S NAME <u>Sabra Hatcher</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Kernsey</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Rube 316 252A Harrison, MO</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Urinary obstruction due to benign hypertrophy of prostate</u> DUE TO (c) <u>Chronic lymphatic leukemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610X H</u>	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>Feb 1, 1952</u> to <u>Feb 4, 1952</u> , that I last saw the deceased alive on <u>Feb 4, 1952</u> , and that death occurred at <u>10:50 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. J. Hollensted</u> (Degree or title)		23b. ADDRESS <u>Harrison, Mo</u>	
23c. DATE SIGNED <u>2-11-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Maxion</u>		24b. DATE <u>2-6-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Newhordon, Ralls, MO</u>	
DATE REC'D BY LOCAL REG. <u>2-11-52</u>		REGISTRAR'S SIGNATURE <u>W. E. M. Lucke by W. J. Hollensted</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Connell</u>		ADDRESS <u>Harrison, MO</u>	

RECEIVED FEB 13 1952
MARION CO. HEALTH DEPT.
DATE FILED FEB 15 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Hennipah, 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.