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FILED MAR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7360

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CENTRALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MADISON</u>	
c. LENGTH OF STAY (In this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Way Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) _____ c. (Last) <u>LEAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-7-52</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED NEVER MARRIED, WIDOWED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>11/8/1875</u>
9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u> IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ch. home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ch. home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James Deussen</u>		13b. MOTHER'S MAIDEN NAME <u>Judy M. Morris</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James M. Lear</u>		ADDRESS <u>Madison 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>Myocardial Regeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Chronic Glomerular Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive Heart Failure</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>		<u>several years</u>	
<u>3 months</u>			
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>4-28-51</u> , 19____, to <u>3-7-52</u> , 19____, that I last saw the deceased alive on <u>3-6-52</u> , 19____, and that death occurred at <u>12:40 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert D. ...</u>		23b. ADDRESS <u>Centerville Mo</u>	
23c. DATE SIGNED <u>3-7-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/9/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sumner Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>
DATE REC'D BY LOCAL REG. <u>March 10-1952</u>	REGISTRAR'S SIGNATURE <u>Maud M. Breda</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred Thompson Madison, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Mrs Fred A Kempner*

Licensed Embalmer No. *3282*

P. O. Address *Windsor*

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.