

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

7811

State File No.

No. 300
10. 48

FILED MAR 28 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. LENGTH OF STAY (in this place) 3 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY.		0260			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL				d. STREET ADDRESS (If rural, give location) R. R. # 1					
3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE			b. (Middle) HATTING		c. (Last) HATTING				
4. DATE OF DEATH (Month) (Day) (Year) MARCH 22, 1952									
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH MAY 13, 1877	9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months 10	# UNDER 2 HRS. Days 9		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) JEFFERSON CITY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN BERNARD HATTING			13b. MOTHER'S MAIDEN NAME MARY GESENA BRANDING		14. NAME OF HUSBAND OR WIFE NONE				
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. NONE		17. INFORMANT'S SIGNATURE OR NAME GESENA HATTING ADDRESS JEFFERSON CITY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage				DUE TO (b) Hypertensive Cardiovascular Disease				3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Cholelithiasis Chronic				3 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								2 year	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 443X		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) _____ m.		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 Mar 19, 1952 , to Mar 22, 1952 , that I last saw the deceased alive on, Mar 22, 1952 , and that death occurred at 6:15A m. , from the causes and on the date stated above.									
23a. SIGNATURE L. B. Lebler (Degree or title) MD				23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 3-27-52			
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE MARCH 25, 1952		24c. NAME OF CEMETERY OR CREMATORY ST. PETERS		24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.			
DATE REC'D BY LOCAL REG. March 25 - 1952		REGISTRAR'S SIGNATURE R.P. Dorris MD - MR		25. FEDERAL DIRECTOR'S SIGNATURE Sylvester Skille		ADDRESS J. C. MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Roberto Rulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.