S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 7 - 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12465

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Buffalo, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural N. Benton
d. STREET ADDRESS (If rural, give location): Buffalo, Mo

3. NAME OF DECEASED (Type or Print): a. (First) Fredrick b. (Middle) C c. (Last) Hatcher

4. DATE OF DEATH (Month) (Day) (Year): 4-17-1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: 3-1-1887

9. AGE (In years last birthday): 65 | IF UNDER 1 YEAR: Months 1 Days 17 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Honey Creek Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME:

13b. MOTHER'S MAIDEN NAME:

14. NAME OF HUSBAND OR WIFE: Bertha Hatcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: Alice Jones | ADDRESS: Buffalo, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis

DUE TO (c)

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: 4201

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-17, 1952, *to* 4-17, 1952, *that I last saw the deceased alive on* 4-17, 1952, *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Claude O. Hammon (Degree or title): M.D.

23b. ADDRESS: Buffalo Mo.

23c. DATE SIGNED: 4-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-20-52

24c. NAME OF CEMETERY OR CREMATORY: Louisburg Cem.

24d. LOCATION (City, town, or county) (State): Louisburg — Mo.

DATE REC'D BY LOCAL REG.: 5-5-52

REGISTRAR'S SIGNATURE: Mrs Irene Petrie

25. FUNERAL DIRECTOR'S SIGNATURE | **ADDRESS**: Montgomery-Vaughan Buffalo, Mo

(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 Clyde Montgomery
Licensed Embalmer No. 3592
P. O. Address Buffalo, 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.