

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23810**
Registrar's No. **276**

FILED JUL 29 1952 REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

143

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

1. PLACE OF DEATH a. COUNTY Fulton Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Calloway Fulton Mo		c. CITY (If outside corporate limits, write RURAL and give township) Columbia Missouri.	
c. LENGTH OF STAY (length in place) 16 M		d. STREET ADDRESS (If rural, give location) Fulton Mo 0105	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 1.			

3. NAME OF DECEASED (Type or Print) a. (First) Claudia b. (Middle) c. (Last) Hatton	4. DATE OF DEATH (Month) (Day) (Year) July 24 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March-1-1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 4 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching school	10b. KIND OF BUSINESS OR INDUSTRY Teaching School	11. BIRTHPLACE (State or foreign country) Boone County Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME F. B. Hatton	13b. MOTHER'S MAIDEN NAME Mary Westlake	14. NAME OF HUSBAND OR WIFE None - Single
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Fulton Mo.	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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myo-Carditis ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterio Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 m 10 yrs.
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19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? 4221 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **June-1-52**, 19**52**, to **July-24-52**, that I last saw the deceased alive on **July-24-52**, and that death occurred at **9; P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dorothy Fowler W.D.	23b. ADDRESS Fulton Mo	23c. DATE SIGNED July 25-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 26, 1952	24c. NAME OF CEMETERY OR CREMATORY Locust Grove	24d. LOCATION (City, town, or county) (State) Midway Mo
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DATE REC'D BY LOCAL REG. July 26-1952	REGISTRAR'S SIGNATURE Maretta Lawrence 426	25. FUNERAL DIRECTOR'S SIGNATURE POWERS	ADDRESS Columbia Mo
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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, 46

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.