

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28881**

FILED SEP 2 - 1952

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **196**

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 714 South Mulberry	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) IRA		b. (Middle) BERT	
		c. (Last) HIATT	
4. DATE OF DEATH (Month) (Day) (Year) 8 21 52			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/24/82
9. AGE (In years less birthday) 70		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lockwood, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Harvey Hiatt		13b. MOTHER'S MAIDEN NAME Sarah Renfro	
		14. NAME OF HUSBAND OR WIFE Nora Galey Hiatt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nora Hiatt, Maryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease 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 1 hr 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 20, 1952 , to Aug. 21, 1952 , that I last saw the deceased alive on Aug 21, 1952 , and that death occurred at 7 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. D.		23b. ADDRESS Maryville, Missouri	
		23c. DATE SIGNED Aug 23-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/26/52	
24c. NAME OF CEMETERY OR CREMATORY Miriam		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE REC'D BY LOCAL REG. 8-30-52		REGISTRAR'S SIGNATURE Bess Holt	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	

THE BOARD OF HEALTH OF MISSOURI
CERTIFICATE OF DEATH

COUNTY OF _____ CITY OF _____ STATE OF _____ DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS	COUNTY OF _____ CITY OF _____ STATE OF _____ DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS
NAME OF DECEASED _____ SEX _____ RACE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____ OCCUPATION _____ CAUSE OF DEATH _____ MANNER OF DEATH _____ SIGNATURE OF PHYSICIAN _____ ADDRESS _____	NAME OF DECEASED _____ SEX _____ RACE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____ OCCUPATION _____ CAUSE OF DEATH _____ MANNER OF DEATH _____ SIGNATURE OF PHYSICIAN _____ ADDRESS _____

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 _____

John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.

MISSOURI DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS