

FILED FEB 1 1953

STANDARD CERTIFICATE OF DEATH

State File No. 593

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne, Egypt, 75 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne, 0170</u>	
c. LENGTH OF STAY (In this place) <u>75 years</u>		d. STREET ADDRESS (If rural, give location) <u>II4 west 3rd. Street. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>II4 west 3rd Street.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lelia</u> b. (Middle) <u>Gilbert</u> c. (Last) <u>Hatcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 30/1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 13, 1865</u>	9. AGE (In years last birthday) <u>87</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Work.</u>	11. BIRTHPLACE (State or foreign country) <u>Adair County Kentucky,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ben. Hatcher</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia Augusta Bixby,</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel M. Hatcher, Norborne, Mo</u>	ADDRESS <u>Norborne, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocardial Degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis Diffuse</u>		<u>10+ years</u>
	DUE TO (c) <u>Essential Hypertension</u>		<u>10+ years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastric Malignancy (?)</u>		<u>(?)</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443KH</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1-12-1953, to 1-30-1953, that I last saw the deceased alive on 1-30-1953, and that death occurred at 10:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ruehl Washell</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>212 South Pine St. Norborne, Missouri</u>	23c. DATE SIGNED <u>1-31-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JAN. 31 - 1953</u>	REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Ditch Jr.</u>	ADDRESS <u>Norborne, Mo</u>
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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 me

working under my personal supervision.

Student Embalmer No.....

Signed John G. Dutch Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 4787

P. O. Address Yorba Linda

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.