No. 300
10.46

40
1

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4746

State File No.

FILED FEB 24 1953

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4021 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: AUDRAIN HOME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LADDONIA
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): ~~BESS~~ LADDONIA, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: AUDRAIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LADDONIA, MO. 0040
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BESS
b. (Middle): ----------
c. (Last): HATTON

4. DATE OF DEATH (Month) (Day) (Year): 2-15-1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

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

8. DATE OF BIRTH: 4-13-1885

9. AGE (In years last birthday): 67 | If under 1 year: Months 10, Days 2 | If under 24 hrs.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (City and State or Foreign Country): FARBER, MO. U

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

13a. FATHER'S NAME: Wm MACHIN

13b. MOTHER'S MAIDEN NAME: CARRIE BUSSARD

14. NAME OF HUSBAND OR WIFE: D. C. HATTON

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

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S SIGNATURE OR NAME: D. C. HATTON
ADDRESS: LADDONIA, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Chronic
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 334 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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* Feb 15 —, 1953, *to* 2-15 —, 1953, *that I last saw the deceased alive on* 2-15 —, 1953, *and that death occurred at* 9.50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W K McCall MD

23b. ADDRESS: Laddonia Mo

23c. DATE SIGNED: 2-17-53

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

24b. DATE: 2-17-1953

24c. NAME OF CEMETERY OR CREMATORY: LADDONIA, CEMETERY

24d. LOCATION (City, town, or county) (State): LADDONIA, MO.

DATE REC'D BY LOCAL REG.: 2-17-53

REGISTRAR'S SIGNATURE: Martha T Kennedy

25. FUNERAL DIRECTOR'S SIGNATURE: Milton Bienhoff
ADDRESS: Laddonia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 21 1958

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 C. Wilke

Licensed Embalmer No. 3820

P. O. Address Perryville

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.