

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18058

State File No. _____

2500

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>30 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1308 Holmes</u>				d. STREET ADDRESS (If rural, give location) <u>1308 Holmes</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Albat</u>		c. (Last) <u>Hatter Sr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-5-1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>FEB. 5, 1885</u>			
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Packin'house</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harris Garden, La.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Edmond Hatter</u>		13b. MOTHER'S MAIDEN NAME <u>Nealy Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jeanette Hatter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carrie Morris - 1308 Holmes</u>					
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) <u>Mitral insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>no</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u>				INTERVAL BETWEEN ONSET AND DEATH <u>410⁺</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>menl.</u>				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) <u>Kennett Jackson, MO.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NO.</u>					
22. I hereby certify that I attended the deceased from <u>5/5/53</u> , 19 <u>53</u> , to <u>5-5-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-5-53</u> , 19 <u>53</u> , and that death occurred at <u>10:30 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Henry B. Lyons M.D.</u> (Degree or title)				23b. ADDRESS <u>1605-E-18th St. H-5-6-53</u>		23c. DATE SIGNED <u>5-15-53</u>			
24a. BURIAL, CREMATION, REMOVAL		24b. DATE <u>5-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WESTHAWN</u>		24d. LOCATION (City, town, or county) (State) <u>K. C. KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>5-15-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BRIGHAM V. JONES - 2300 E. 18th</u>					

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

no original returned request.

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 Laurence A. Jones

Licensed Embalmer No. 4429

P. O. Address 2300 E. 18th

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.