S. No. 300
v. 10.48

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

0190 1

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42314

FILED JAN 5 1954

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 18-D

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DREXEL
c. LENGTH OF STAY (In this place): 44yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DREXEL Mo 0190
d. STREET ADDRESS (If rural, give location): No Street number.

3. NAME OF DECEASED (Type or Print): a. (First) IDA b. (Middle) NORTON c. (Last) HATCH

4. DATE OF DEATH (Month) (Day) (Year): DEC 26 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 30 1883
9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months: 7 Days: 26 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At HOME
10b. KIND OF BUSINESS OR INDUSTRY: Household DUTIES
11. BIRTHPLACE (City and State or Foreign Country): MULVANE Co. ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John S. NORTON.
13b. MOTHER'S MAIDEN NAME: ELLEN REAUH.
14. NAME OF HUSBAND OR WIFE: GEORGE HATCH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No NONE
16. SOCIAL SECURITY NO.: NONE.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: EDGAR HATCH, 1820 E. 76th. KC 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) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 4-5 Da

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

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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* 12/24/, 1953, to 12/26/, 1953, *that I last saw the deceased alive on* 12/25/, 1953, *and that death occurred at* 3.35A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C.W. Marsh. D.O.
23b. ADDRESS: DREXEL, MO
23c. DATE SIGNED: 12/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: DEC-29-53
24c. NAME OF CEMETERY OR CREMATORY: MT STERLING CEM
24d. LOCATION (City, town, or county) (State): MT. STERLING ILL.

DATE REC'D BY LOCAL REG.: 12-29-53
REGISTRAR'S SIGNATURE: Dora Barnard 457-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hayes Drexel Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 2 '54
CASS COUNTY
HEALTH DEPARTMENT

JAN 20 1954

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, [redacted]

...., [redacted] ....,

~~working under my personal supervision.~~

Student ....
~~Student Embalmer~~

Signed [signature] ....

Licensed Embalmer No. 1950 ....

P. O. Address Drexel, 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.