

DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

42314

State File No.

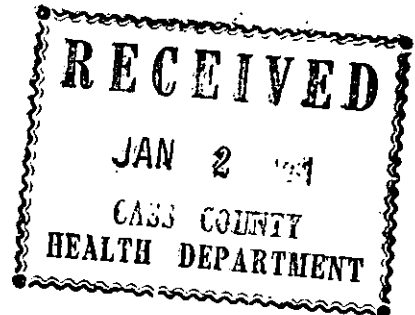
FILED JAN 5 1954		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4095</u>		Registrar's No. <u>182</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>DREXEL</u>		c. LENGTH OF STAY (In this place) <u>44 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DREXEL Mo 0190</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home.</u>				d. STREET ADDRESS (If rural, give location) <u>No street number.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u>		b. (Middle) <u>NORTON</u>		c. (Last) <u>HATCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 26 1953</u>	
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>SEPT. 30/1883</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>7</u> DAYS <u>26</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MULVANE Co. ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Household duties</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MULVANE Co. ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John S. Norton.</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN REAUE.</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE HATCH.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No. or unknown) <u>No</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EDGAR HATCH, 1820 E. 76th. KC Mo</u>		ADDRESS	
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>CORONARY OCCLUSION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIO SCLEROSIS</u> 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 <u>4-5 Da</u>	
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 <u>12/24/1953</u> to <u>12/26/1953</u> , that I last saw the deceased alive on <u>12/25/1953</u> , and that death occurred at <u>3:35 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed. Marsh. D.O.</u>				23b. ADDRESS <u>Drexel, Mo</u>		23c. DATE SIGNED <u>12/26/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>DEC-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. STERLING CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MT. STERLING ILL.</u>	
DATE REC'D BY LOCAL REG. <u>12-29-53</u>		REGISTRAR'S SIGNATURE <u>Nora Barward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar Hatch</u>		ADDRESS <u>Drexel Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

JAN 20 1954

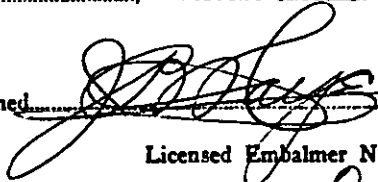


STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~and~~

~~working under my personal supervision.~~

Student ~~.....~~
~~Student Embalmer~~

Signed 
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.