

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38104

State File No. _____

FILED NOV 16 1954

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 2816 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland 25</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 0710 Richland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles S.E. of Smithton</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles S.E. of Smithton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Newton</u> b. (Middle) <u>David</u> c. (Last) <u>Hatsenfiller</u>			4. DATE OF DEATH (Month) / (Day) (Year) <u>Nov 7 - 54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 4-1869</u>		9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> IF UNDER 6 mos. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Morgan Co Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>Mahlon Hatsenfiller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Michaels</u>		14. NAME OF HUSBAND OR WIFE <u>Louisa</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louisa Hatsenfiller</u> ADDRESS <u>Atterville</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		INTERVAL BETWEEN ONSET AND DEATH
	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>ARTERIOSCLEROSIS</u> DUE TO (c) <u>HYPERTENSION</u>		
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 <u>4201</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) _____	
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? _____	

22. I hereby certify that I attended the deceased from Nov. 6, 1954, to Nov 7, 1954, that I last saw the deceased alive on Nov 6, 1954, and that death occurred at 8:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F.W. Plussou M.D.</u>		23b. ADDRESS <u>1050 N. W. 1st St. Mo</u>		23c. DATE SIGNED <u>Nov. 8, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE: <u>Nov 9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>	
24d. LOCATION (City, town, or county) <u>Smithton Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Henning</u>		ADDRESS <u>Smithton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 11 - 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

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

No. 300
10.48

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 A. F. Neumann

Licensed Embalmer No. 3912

P. O. Address Smithton, 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.