

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7094**

FILED MAR 9 1955

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4647 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Worth</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u> c. LENGTH OF STAY (in this place) <u>10 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City, Missouri</u> d. STREET ADDRESS (If rural, give location) <u>1130</u>	
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3. NAME OF DECEASED (Type or Print) <u>David</u> <u>Linden</u> <u>Hiatt</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>2-27-1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 23, 1873</u>	9. AGE (In years) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Scott, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>David T. Hiatt</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Hall</u>	14. NAME OF HUSBAND OR WIFE <u>Nettie Hiatt</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>488-34-1319</u>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jack Hiatt - Grant City, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suppurative Hydronephrosis</u> DUE TO (c) <u>PROSTATIC HYPERTROPHY</u>	INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>3 WEEKS</u> <u>YEARS</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>610 X</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) m.	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, 1954, to Feb 27, 1955, that I last saw the deceased alive on Feb 27, 1955, and that death occurred at 10:47 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard L. Smith MD</u>	23b. ADDRESS <u>Grant City, Mo</u>	23c. DATE SIGNED <u>3-1-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-2-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Grant City, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Mar 5-1955</u>	REGISTRAR'S SIGNATURE <u>Keta E. Dawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill Dunfee - Grant City, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City, 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.