

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38334  
State File No. 10180  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place) 10 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) 8744 Evans	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Hazel			b. (Middle) --- c. (Last) Hatley		
5. SEX Female			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH Aug. 14, 1907		
9. AGE (In years less birthday) 48			10. MONTHS 11		
11. BIRTHPLACE (City and State or Foreign Country) Camden, Tenn.			12. CITIZEN OF WHAT COUNTRY U. S.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) /	

13a. FATHER'S NAME Dickey Craig		13b. MOTHER'S MAIDEN NAME Laura Owens		14. NAME OF HUSBAND OR WIFE Arthur Hatley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Troy D. Hatley, Pine Lawn, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Myocardial Infarction		1 day	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Moibid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Diabetes Mellitus		10 yrs.	
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 April, 1954, to 11-19, 1955, that I last saw the deceased alive on Nov 19, 1955, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE M D Ferguson M D		23b. ADDRESS 11-A1-55		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/22/55.		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
				24d. LOCATION (City, town, or county) (State) Normandy, Mo.	

DATE REC'D BY LOCAL REG. NOV 22 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, MO.	
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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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address Jennings 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.