No. 300
10-48

Dr. Murphy
FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41351

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 393

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 509 Mark Twain Ave.,

0640

3. NAME OF DECEASED (Type or Print)
a. (First): Ruth
b. (Middle): Mae
c. (Last): Hatten

4. DATE OF DEATH (Month) (Day) (Year): 12/28/1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7/5/1897
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Benjamin F. Johnston
13b. MOTHER'S MAIDEN NAME: Christina Hammond
14. NAME OF HUSBAND OR WIFE: Frank Hatten

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.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr. Frank Hatten, 509 Mark Twain

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 Hannibal, Mo.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Terminal bronchial pneumonia	2 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized metastasis	8 months
DUE TO (c)	Squamous cell carcinoma of uterus	2 yrs. 7 mo
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	174X	

19a. DATE OF OPERATION: 5/11/53
19b. MAJOR FINDINGS OF OPERATION: Squamous cell carcinoma of uterus
20. AUTOPSY? YES [ ] NO [X]

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* 5/25/53, 19__, *to* 12/28/55, 19__, *that I last saw the deceased alive on* 12/27/55, 19__, *and that death occurred at* 2:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Hannibal, Missouri
23c. DATE SIGNED: 12/30/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/30/55
24c. NAME OF CEMETERY OR CREMATORY: Hydesburg Cemetery
24d. LOCATION (City, town, or county) (State): Ralls County, Mo.

DATE REC'D BY LOCAL REG.: 12/30/55
REGISTRAR'S SIGNATURE: Dr. Em Lucke By W. C. Fisher 1911
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: H M O'Donnell - Hannibal - Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 9 1958
MARYLAND STATE HEALTH DEPT.
DATE FILED JAN 9 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by ....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. M. O'Connell

Licensed Embalmer No. 38

P. O. Address Hannib

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.