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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42152**

FILED JAN 6 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10742**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN Hutsonville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 Weeks		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) WILLIAM	b. (Middle) R.	c. (Last) HATON	December 6, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-22-1902
9. AGE (In years last birthday) 53	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Indiana	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edward Haton	13b. MOTHER'S MAIDEN NAME Elizabeth Huckle	14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Yes ?	17. INFORMANT'S SIGNATURE OR NAME Harley Haton, 3115 S. David Lane	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PRIMARY HEPATOMA OF LIVER	II. OTHER SIGNIFICANT CONDITIONS ESOPHAGEAL VARICIES		2 MON.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES LAENNEC'S CIRRHOSIS		6+ MON.
DUE TO (b)	DUE TO (c)		2+ MON.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 581+ 155X		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) (Min.)	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 11-1-55 to 12-6-55 that I last saw the deceased alive on 12-6-55 , and that death occurred at 7:52 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. H. Burmeister M.D.		23b. ADDRESS 1325 S. Grand	23c. DATE SIGNED 12-7-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-8-1955	24c. NAME OF CEMETERY OR CREMATORY Hutsonville	24d. LOCATION (City, town, or county) (State) Hutsonville, Illinois
DATE REC'D BY LOCAL REG. DEC 7 1955	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin F.H., Inc. ADDRESS 2301 Lafayette	

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

mjb. (Licensed Embalmer's Statement on Reverse Side)

SEP 28 1956

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.....
Signature of Student Embalmer

Signed *H. G. Jarvis*

Licensed Embalmer No. *330*

P. O. Address *H. Jarvis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.