No. 300
10.48

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1671

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 14

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1209 WEST AUSTIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN: WEBB CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1209 WEST AUSTIN

0442
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3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): FASSETT
c. (Last): HATTEN

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 23 1956

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: JANUARY 3, 1907

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months 0 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (City and State or Foreign Country): WEBB CITY, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: FRED H. NESBITT

13b. MOTHER'S MAIDEN NAME: EVA ASHCRAFT

14. NAME OF HUSBAND OR WIFE: COYNE HATTEN (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 489-34-7760

17. INFORMANT'S SIGNATURE OR NAME: MRS. EVA NESBITT
ADDRESS: WEBB CITY, MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Alcoholism — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo.

ANTECEDENT CAUSES
Morbid 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
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 3220

20. AUTOPSY? YES ☐ NO ☒

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* Jan 6, 1956, *to* Jan. 23, 1956, *that I last saw the deceased alive on* Jan. 23, 1956 *and that death occurred at* 12:25 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. S. Slaughter D.O.

23b. ADDRESS: 205 W. Broadway, Webb City, Mo

23c. DATE SIGNED: 1/23/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 1/25/1956

24c. NAME OF CEMETERY OR CREMATORY: MT HOPE CEMETERY

24d. LOCATION (City, town, or county): WEBB CITY (State): MO

DATE REC'D BY LOCAL REG.: 1-24-56

REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer 474

25. FUNERAL DIRECTOR'S SIGNATURE: HEDGE-LEWIS FUNERAL HOME
ADDRESS: WEBB CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 30 1956
Jasper County Health Office
County File Number 56-6-46
Date Filed JAN 30 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.