

No. 300  
10-48

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2227

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY OR TOWN <b>Perryville</b>		c. CITY OR TOWN <b>Lithium</b>	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)		e. STREET ADDRESS (If rural, give location) <b>0790</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perry County Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Nancy M. Hiatt</b>			4. DATE OF DEATH <b>January 29, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>August 22, 1867</b>	9. AGE (in years last birthday) <b>88</b>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Perry County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Theodore Picou</b>		13b. MOTHER'S MAIDEN NAME <b>Rachel Patterson</b>		14. NAME OF HUSBAND OR WIFE <b>Benjamin Allen Hiatt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William Milfelt, Imperial Mo.</b> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of right colon</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic heart disease 1 yr.</b> <b>metastatic carcinoma - right lung - 2 mo.</b> <b>old diverticulitis - sigmoid colon 2 yr.</b>		
19a. DATE OF OPERATION <b>1-25-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of colon &amp; bowel obstruction</b>		SMALL INTESTINE 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)		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 **12-19, 1955** to **1-29, 1956**, that I last saw the deceased alive on **1-29, 1956** and that death occurred at **8:00A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. F. Fairchild, M.D.</b> (Degree or title)		23b. ADDRESS <b>Perryville, Mo.</b>		23c. DATE SIGNED <b>1-30-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 31, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>1-31-56</b>		REGISTRAR'S SIGNATURE <b>Joe J. Zellner</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Bey</b> ADDRESS <b>Perryville, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 7 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, ~~embalmed~~ ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Albert Bey*

Licensed Embalmer No. *386*

P. O. Address *Perryville*

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.