

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14410

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ST. FRANCOIS		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN FLAT RIVER	
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL AREA OSTEO. HOSP.			e. STREET ADDRESS (If rural, give location) VINE STREET		
3. NAME OF DECEASED a. (First) MARY b. (Middle) JOSEPHINE c. (Last) HATRIDGE			4. DATE OF DEATH (Month) (Day) (Year) APRIL 16 1956		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 3-22-1884		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR: Months 0 Days 124 IF UNDER 4 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) PEIDMONT, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CYRUS J. VICKERY		13b. MOTHER'S MAIDEN NAME MARY ELDER	
14. NAME OF HUSBAND OR WIFE JOHN HATRIDGE		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 JOHN HATRIDGE		ADDRESS FLAT RIVER, MISSOURI		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOTATIC PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 18 YRS.		MEDICAL CERTIFICATION	
*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		DUE TO (b) MASSIVE CEREBRAL HEMORRHAGE 4 DAYS.	
As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) VASCULAR HYPERTENSION 10-12 YRS		CARDIAC ?	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. SENILITY - OBESITY - HYPERTROPHY			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) 331x	
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 4-19-56 19 56 , to 4-16-56 , 19 56 , that I last saw the deceased alive on 4-16-56 , 19 56 , and that death occurred at 12:45 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE C. E. Howell, D.O.		23b. ADDRESS Flat River, Mo		23c. DATE SIGNED 4-16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/19/56		24c. NAME OF CEMETERY OR CREMATORY LEADWOOD CEMETERY	
24d. LOCATION (City, town, or county) (State) LEADWOOD, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Esther Rudloff		ADDRESS Beat L Boyer Leadwood, mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

0

339
0

APR 27 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

William E. Bayne

Licensed Embalmer No. *47*

P. O. Address *Leadwood*

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.