S. No. 300
v. 10.46

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30233

State File No.

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 116

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (in this place): 20 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Columbia
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.F.D. # 4

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3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) c. (Last) Hatton
4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1956
5. SEX: M
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Jan. 28, 1932
9. AGE (In years last birthday): 24 — 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): House Boy
10b. KIND OF BUSINESS OR INDUSTRY: Fraternity
11. BIRTHPLACE (City and State or Foreign Country): Boone County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Thomas Hatton
13b. MOTHER'S MAIDEN NAME: Laura Carter
14. NAME OF HUSBAND OR WIFE: Never Married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Tom Hatton R.F.D. Columbia, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car accident — INTERVAL BETWEEN ONSET AND DEATH: 1/2-3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Internal Injuries

DUE TO (c) Internal Haemorrhage Shock.

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: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 40
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Cooper (STATE): Boonville 10 mile west Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-24-56 2A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Ran into Truck off

22. *I hereby certify that I attended the deceased from* 9-24, 1956, *to* 9-24, 1956 *that I last saw the deceased alive on* 9-24, 1956 *and that death occurred at* 2:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. L. Chamberlain (Degree or title) M.D.
23b. ADDRESS: Boonville Mo
23c. DATE SIGNED: 9-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/30/56
24c. NAME OF CEMETERY OR CREMATORY: McBaine Cemetery
24d. LOCATION (City, town, or county) (State): McBaine, Missouri

DATE REC'D BY LOCAL REG.: 9/27/56
REGISTRAR'S SIGNATURE: D. E. Hooper
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Goodman & Boller Boonville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

381-0

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....William W. Wood.....

Licensed Embalmer No....4537

P. O. Address.Boonville,

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.