

FILED JAN 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41271

BIRTH NO. _____		REG. DIST. NO. 138		PRIMARY REG. DIST. NO. 5523		Registrar's No. 85		
1. PLACE OF DEATH a. COUNTY Hickory				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Hickory				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Greene Twp.)		c. LENGTH OF STAY (in this place) all life		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 30		
d. FULL NAME OF HOSPITAL OR INSTITUTION				• STREET ADDRESS (If rural, give location) Rural Greene Twp.				
3. NAME OF DECEASED (Type or Print) a. (First) Ida			b. (Middle) Lee		c. (Last) Hatcher		4. DATE OF DEATH (Month) (Day) (Year) 12 26 1956	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 8, 1867	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 8 Days 18	IF UNDER 24 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) Jacksonville, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME J. D. Tinsley			13b. MOTHER'S MAIDEN NAME Catherine Hogland		14. NAME OF HUSBAND OR WIFE William Hatcher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Guy Edmondson, Flemington, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) arteriosclerosis DUE TO (c) Smoking Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Immediately	
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) 4201				
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 June , 1957, to Dec 26 , 1956, that I last saw the deceased alive on Dec 23 , 1956, and that death occurred at 11:30 P. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. E. Briggs, DO				23b. ADDRESS 7 Wheatland Dr. Mo.		23c. DATE SIGNED Dec 28, 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/28/56		24c. NAME OF CEMETERY OR CREMATORY Flemington Cemetery		24d. LOCATION (City, town, or county) (State) Flemington, Mo.		
DATE REC'D BY LOCAL REG. Jan 1, 1957		REGISTRAR'S SIGNATURE May Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beckwith Funeral Home, Humansville, Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

464
0

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 *O. H. Beckwith*.....

Licensed Embalmer No. *3937*.....

P. O. Address *Humananilla*.....

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.