

health, Welfare, Public Service, 300, 7-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED JAN 14 1957

STANDARD CERTIFICATE OF DEATH

44511  
STATE FILE NUMBER  
5736

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>			Length of stay in lb <u>2 YEARS</u>			d. STREET ADDRESS (If outside, give location) <u>5109 South Booth</u>	
3. NAME OF DECEASED (Type or print) First <u>ROSA</u> Middle <u>LEE</u> Last <u>HATTON</u>				4. DATE OF DEATH Month <u>DEC.</u> Day <u>31</u> Year <u>1956</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAR. 29 1954</u>		9. AGE (In years last birthday) <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None - Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Independence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HEROY R. HATTON</u>				14. MOTHER'S MAIDEN NAME <u>MARGARET HOMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>HEROY R. HATTON</u>		Address <u>5109 So. Booth K.C., Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxemia</u> <u>Nephritis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>E. extensive Burns of Body</u> DUE TO (c) <u>E. extensive Burns of Body</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>12 hours</u> <u>27 hours</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Child played with matches, igniting dress &amp; sustained 2nd &amp; 3rd degree Burns Area 40% of body</u>				
20c. TIME OF INJURY Hour <u>4 p.m.</u> Month <u>12</u> Day <u>30</u> Year <u>56</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home 5109 S. Booth K.C. Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Kansas City</u>			STATE <u>Mo.</u>
21. I attended the deceased from <u>Dec 30 1956</u> to <u>Dec 31 1956</u> and last saw her alive on <u>Dec 31 1956</u> Death occurred at <u>7:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Carl T. Moore</u> (Degree or title) <u>2</u>				22b. ADDRESS <u>6425 E 37th K.C. Mo.</u>		22c. DATE SIGNED <u>1-1-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>JAN. 4 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wills Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Peoria, Mo.</u>			
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons</u>		ADDRESS <u>381 Brush Creek</u>	25. DATE RECD. BY LOCAL REG. <u>1-4-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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..... *Rollie Kessel* .....

Licensed Embalmer No. *469*

P. O. Address..... *K.C.* .....

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