

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4102**

FILED FEB 26 1957

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Missouri	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 1016 W. High St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1016 W. High St.,			

3. NAME OF DECEASED (Type or Print)	a. (First) HERMAN	b. (Middle) BERNARD	c. (Last) HATTING	4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1957
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 14, 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 10 Days 5	IF UNDER 24 HRS. Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) JEFFERSON CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN BERNARD HATTING	13b. MOTHER'S MAIDEN NAME MARY BRANDT	14. NAME OF HUSBAND OR WIFE J. C. MO.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 490-09-7562	17. INFORMANT'S SIGNATURE OR NAME MRS. HERMAN HATTING	ADDRESS J. C. MO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days 4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Jefferson City, Missouri
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 2-18-57, 19, to 2-19-57, 19, that I last saw the deceased alive on 2-18-57, 19, and that death occurred at 10:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>David Carter M.D.</i>	(Degree or title)	23b. ADDRESS JEFFERSON CITY, MISSOURI	23c. DATE SIGNED 2-22-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-22-57	24c. NAME OF CEMETERY OR CREMATORY Resurrection cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri
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DATE REC'D BY LOCAL REG. 23 Feb 1957	REGISTRAR'S SIGNATURE <i>R.P. Norris M.D.-M.R.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Lybusta Dulle</i>	ADDRESS J. C. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____

Sybilster Dulle

Licensed Embalmer No. _____

4321

Signed _____
Student Embalmer

P. O. Address _____

Jefferson City Mo.

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 this body is not embalmed, fact should be so stated above.