

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAR 29 1957

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lamar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lamar Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Length of stay in lb 19 days		d. STREET ADDRESS 305 W- 9th (If outside, give location). Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) HATTIE C. POFF First Middle Last			4. DATE OF DEATH March 23 1957 Month Day Year		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 24 1869	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 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 Own home	11. BIRTHPLACE (City and state or country) Terre Haute, Indiana	12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Samuel L. Hunter			14. MOTHER'S MAIDEN NAME Lydia M. Heisler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XXX		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. W. H. Jones, Lamar, Missouri Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Lung Left		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bronchiectasis for years, 163X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 3-4-57 to 3-23-57 and last saw ^{her} _{him} alive on 3-23-57 . Death occurred at 4:05 p. m. on the date stated above and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Herbert M. Arnold M.D.	22b. ADDRESS Lamar, Missouri	22c. DATE SIGNED 3-25-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Mar 26 1957	23c. NAME OF CEMETERY OR CREMATORY Lake
23d. LOCATION (City, town, or county) Lamar, Missouri		(State)
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri ADDRESS	25. DATE RECD. BY LOCAL REG. MAR 25 '57	26. REGISTRAR'S SIGNATURE Marie Konantz

health, Welfare public service
300 1-56
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.

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 *Norman L. Thompson*

Licensed Embalmer No. *480*

P. O. Address *Tampa, Fla.*

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: I solemnly swear

Printed name of Licensed Embalmer