S. No. 300
v. 10.48

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

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9755

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 80

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN: St. Charles 097 20
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2110 North Third St.

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): L.
c. (Last): Hiatt

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Feb. 24, 1881
9. AGE (In years last birthday): 75 — If under 1 year: Months 0 Days 7 — If under 1 hr.: 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
11. BIRTHPLACE (City and State or Foreign Country): Franklin County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ~~un~~known COLTER
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: George Hiatt

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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Morris E. Hiatt, St. Charles, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myeloid Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

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

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Cholelithiasis — Unknown

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: _____
2041
20. AUTOPSY? YES ☒ NO ☐

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): _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: _____
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* January, 1950, *to* March, 1957, *that I last saw the deceased alive on* March 3, 1957, *and that death occurred at* 8:17 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don L. Randall, M.D.
23b. ADDRESS: 207 N. 5th St. Charles, Mo.
23c. DATE SIGNED: March 3, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 6, 1957
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Saint Charles, Mo.

DATE REC'D BY LOCAL REG.: March 4 1957
REGISTRAR'S SIGNATURE: Marcella Wilson
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: W. C. Dallmeyer Sons, St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

540
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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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 483

P. O. Address.....

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