S. No. 300
10.48

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18126

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Perryville
c. LENGTH OF STAY (in this place) 1week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Perryv County Mem. Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Perry ✓
c. CITY OR TOWN Menfro
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 0790

3. NAME OF DECEASED (Type or Print)
a. (First) Lena
b. (Middle)
c. (Last) Hatler

4. DATE OF DEATH (Month) (Day) (Year) April 27 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 18 1871
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — 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) Cape County Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Mueller
13b. MOTHER'S MAIDEN NAME Louise Schoenebeck
14. NAME OF HUSBAND/OR WIFE Herman Hatler

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MissLaura Hatler Menfro 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) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1wk.

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.* Arteriosclerotic Heart Disease 1yr. Bronchopneumonia 4d.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332x
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* 4-19, 1957, *to* 4-27, 1957, *that I last saw the deceased alive on* 4-27, 1957, *and that death occurred at* 3:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. F. Fairchild, MD. (Degree or title)
23b. ADDRESS Perryville, Mo.
23c. DATE SIGNED 4-29-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 30 1957
24c. NAME OF CEMETERY OR CREMATORY Lutheran
24d. LOCATION (City, town, or county) (State) Memfro Missouri

DATE REC'D BY LOCAL REG. 6-2-57
REGISTRAR'S SIGNATURE Jos J Zoellner
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

250-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Wallace Young.....

Licensed Embalmer No....402

P. O. Address...Perryp

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