

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004790

STATE FILE NUMBER

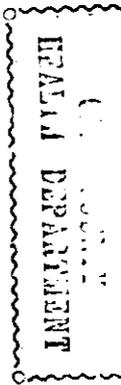
Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If inscription: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Harrisonville</u> <u>01910</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Suburban Highway 71</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Suburban Highway 71</u>
3. NAME OF DECEASED (Type or print) First <u>EDNA</u> Middle <u>HATTEN</u> Last <u>HATTEN</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>15</u> Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>May 26 1897</u>
9. AGE (In years last birthday) <u>61</u>		F UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) <u>Harrisonville Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ja. Manford Hunt</u>	
13b. MOTHER'S MAIDEN NAME <u>Eva Rosetta Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Ira Hatten</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>496-01-5501</u>	17. INFORMANT <u>Margaret Muechy Harrisonville</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>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>		<u>3 yrs</u>	
DUE TO (c) <u>Influenza</u>		<u>2 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>4:30</u> a.m. <u>0</u> p.m. <u>0</u>		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 <u>Harrisonville</u>	
20g. COUNTY <u>Cass</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>Dec 24 1956</u> to <u>Feb 15, 1959</u> and last saw her alive on <u>Feb 15, 1959</u> . Death occurred at <u>4:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. O. Zensch MD</u> (Degree or title)		22b. ADDRESS <u>Harrisonville Mo</u>	
22c. DATE SIGNED <u>Feb 16, 1959</u>		22d. ADDRESS <u>Harrisonville Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Feb 17-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
24. FUNERAL DIRECTOR <u>Runnenburgs Harrisonville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-17-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Ray Debrae</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with de cause. All diseases in Part I must be causally related.

APR 9 1959



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 Frank E. Rummelberger 3rd, Student Embalmer No. 568 working under my personal supervision.

Student Frank E. Rummelberger 3rd Signed James B. Phillips  
Signature of Student Embalmer

Licensed Embalmer No. 4641

P. O. Address Harrisonville

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.