

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008232

STATE FILE NUMBER

FILED MAR 16 1959

Registration District No. 374

Primary Registration District No. 4547

Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Worth County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City Missouri		c. CITY OR TOWN Grant City Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 508 South High St.		d. STREET ADDRESS (If outside, give location) 5 years	
3. NAME OF DECEASED (Type or print) First Kate Middle D. Last Hotaling		4. DATE OF DEATH Month February Day 4 Year 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH August-13-1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	
11. BIRTHPLACE (City and state or country) Grant City Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jessie B. Dawson		13b. MOTHER'S MAIDEN NAME Francis M. Tandy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 4221	
17. INFORMANT Mrs Allen Robertson Grant City 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) Cerebral Emboli Arteriosclerotic Cardiovascular Disease DUE TO (b) 10yrs DUE TO (c) 10yrs		INTERVAL BETWEEN ONSET AND DEATH 10yrs	
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 ☐ NO ☒ 2	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Grant City, Mo STATE Mo	
21. I attended the deceased from 1949 to Feb 4, 59 and last saw her alive on Feb 2, 1959 Death occurred at 6am on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Frank B. Matteson M.D. (Degree or title)	
22b. ADDRESS Grant City, Mo		22c. DATE SIGNED 2/6/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE February-6-59	
23c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery		23d. LOCATION (City, town, or county) (State) Grant City Missouri	
24. FUNERAL DIRECTOR John Anderson Grant City Mo		25. DATE RECD. BY LOCAL REG. March 10, 1959	
26. REGISTRAR'S SIGNATURE Bowling Kabe			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 John Andrew, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrew

Licensed Embalmer No. 4211

P. O. Address Grant 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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