

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029932

FILED VS. SEP 9 1959

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 55

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>PEMISCOT</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pemiscot</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Caruthersville</b>		Length of stay in 1b <b>19 yrs</b>	c. CITY OR TOWN <b>Caruthersville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If outside, give location) <b>314 West 11th</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Moss Hatton</b>			4. DATE OF DEATH Month Day Year <b>Aug 18 1959</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-4-85</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>1 14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>	11. BIRTHPLACE (City and state or country) <b>Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Tom Hatton</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Lillie Hatton</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Ben Hatton, Cooter</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>U. REMIA, MALNUTRITION</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>DEHYDRATION</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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 a.m. p.m. Month, Day, Year					

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 <b>8-18-59</b> to <b>8-18-59</b> and last saw <sup>him</sup> <del>her</del> alive on <b>8-18-59</b> Death occurred at <b>5:15</b> <b>P</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>William J. Guffey M.D.</b> (Degree or title)		22b. ADDRESS <b>Caruthersville, Mo</b>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-20-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Little Prairie</b>	23d. LOCATION (City, town, or county) <b>Caruthersville, Mo</b>	(State)	
24. FUNERAL DIRECTOR <b>German Undt. Co. Steele, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-31-1959</b>	26. REGISTRAR'S SIGNATURE <b>Fred B. Wick</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

COMMISSIONER OF HEALTH AND HUMAN SERVICES  
STATE OF MARYLAND  
P.O. BOX 79  
ANNAPOLIS, MARYLAND 21401

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Noel C. Dean

Licensed Embalmer No. 394

P. O. Address Carrington

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.