

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 21 1960

-60-039151

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4264 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>McDonough</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stehla</u>		Length of stay in 1b <u>3 Wks</u>	c. CITY OR TOWN <u>HANAGAN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CARDWEH MEM</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE ALBERT HATTY</u>			4. DATE OF DEATH Month Day Year <u>9-16-1960</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-16-1886</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RET.</u>	11. BIRTHPLACE (City and state or country) <u>HIAWASSE ARK</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S</u>	

13a. FATHER'S NAME <u>JOHN H. HATTY</u>	13b. MOTHER'S MAIDEN NAME <u>SERETA MATHIS</u>	14. NAME OF HUSBAND OR WIFE <u>Dehha HATTY</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>500-01-7843</u>	17. INFORMANT Address <u>Mrs Dehha HATTY HANAGAN MO</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Myocardial decomposition</u>	DUE TO (b) <u>arteriosclerotic heart disease</u>	<u>48 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	<u>2 yrs</u>
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

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 9-9-60 to 9-16-60 and last saw ^{him} live on 9-16-60
 Death occurred at 4 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>D.D. Mountain DO</u>	22b. ADDRESS <u>Wald MO</u>	22c. DATE SIGNED <u>9-27-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9-18-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HANAGAN CEM HANAGAN MO</u>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <u>Humphrey & Son 7 Home M. H.</u>	25. DATE RECD. BY LOCAL REG. <u>9-28-60</u>	26. REGISTRAR'S SIGNATURE <u>Mered Moberly</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *F. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, Mo.

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