

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS DEC 5 1960

-60-042056

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5744 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Harrison				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Length of stay in 1b 8 days		c. CITY OR TOWN BETHANY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C., Mo.				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) NONE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle DEWEESE Last HIATT			4. DATE OF DEATH Month NOVEMBER Day 13 Year 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-24-92	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) BETHANY, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME ORLANDO T. HIATT			13b. MOTHER'S MAIDEN NAME EVELYN M. DEWEESE		14. NAME OF HUSBAND OR WIFE LILLIE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			16. SOCIAL SECURITY NO. —		17. INFORMANT Lillie Hiatt Wife Bethany, Missouri Address Official Records VA Hospital, K.C., Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute myocardial infarction</i> DUE TO (b) <i>Coronary sclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Atrophy of thyroid gland with myxedema</i>					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 checked="" type="checkbox"/> NO <input 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 <u>VA</u> November 5, 1960 to November 13, 1960 <i>not kept / not kept / not kept / not kept</i> Death occurred at 2:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>H. Choy</i> (Degree or title)				22b. ADDRESS VA. Hospital		22c. DATE SIGNED 11-15-60 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>with removal</i>		23b. DATE 11/14/60	23c. NAME OF CEMETERY OR CREMATORY <i>Miriam Cemetery</i>		23d. LOCATION (City, town, or county) <i>Bethany, Missouri</i>			
24. FUNERAL DIRECTOR <i>Noble Funeral Home, Bethany, Missouri</i>		25. DATE RECD. BY LOCAL REG. 11-15-60		26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>				

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF H. Choy

SEP 5 1967

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Geo. F. Porter

Licensed Embalmer No. 368

P. O. Address Kansas City

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