

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034286
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 4181 Registrar's No. 194

FILED SEP 24 1962

VS 300
Rev. 4/59

1 0360
2 0360

3

4 0

5 1

6

7 0

8 2

9 X

10

11 036

12 91-3

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berger		Length of stay in 1b	c. CITY OR TOWN New Haven
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Alexander Last Hiatt			4. DATE OF DEATH Month Sept. Day 16 , Year 1962
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 8-5-1925
9. AGE (last birthday) 37		IF UNDER 1 YEAR Months PT	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Work		10b. KIND OF BUSINESS OR INDUSTRY Commercial Bldg.	11. BIRTHPLACE (City and state or country) Mountain View Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13. FATHER'S NAME Pierce Hiatt	
13b. MOTHER'S MAIDEN NAME Clara Jones		14. NAME OF HUSBAND OR WIFE Dortha Hiatt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv. yes World War # 2)		16. SOCIAL SECURITY NO. 1	
17. INFORMANT Mrs. John Hiatt		Address New Haven Mo.	
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries sustained in auto accident including head injuries DUE TO (b) auto accident including DUE TO (c) head injuries PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Instant
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HORICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Slipped while driving auto		20c. TIME OF INJURY Hour Month, Day, Year which left roadway.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 100 near Berger	
20f. CITY, TOWN, OR LOCATION Franklin Mo.		COUNTY Franklin STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. C. Fertig & Son		22b. ADDRESS New Haven Mo	
22c. DATE SIGNED 9/16/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9-19-1962		23c. NAME OF CEMETERY OR CREMATORY Wortmann Cemetery	
23d. LOCATION (City, town, or county) New Haven Mo		23e. STATE (State) Mo	
24. FUNERAL DIRECTOR L. C. Fertig & Son		25. DATE RECD. BY LOCAL REG. 9/18/62	
26. REGISTRAR'S SIGNATURE L. C. Fertig		27. ADDRESS New Haven Mo	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

SEP 25 1962

JAN 3 1963

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl C. Denton

Licensed Embalmer No. 3385

P. O. Address New Haven Conn

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.