

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JUN 16 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5513 Registrar's No. 44

120
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>	
b. CITY OR TOWN <u>LEESVILLE TWP.</u>	c. LENGTH OF STAY (in this place) <u>25 YRS</u>	c. CITY OR TOWN <u>CLINTON</u> <u>04200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>		d. STREET ADDRESS (If rural, give location) <u>RD #2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>L.</u> c. (Last) <u>HAUTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 8, 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 30, 1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Hours <u>11</u> Mins. <u>8</u>
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>✓</u>	11. BIRTHPLACE (State or foreign country) <u>COLE CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JAMES KELLY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY MCKEE</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED -</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clay H. Hauter, Warsaw Mo</u>	ADDRESS <u>Mo</u>
--	-------------------------------------	--	-------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarct</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio- Renal Condition</u> DUE TO (c) <u>Patent has recent myocardial infarct</u>		<u>2 hrs</u> <u>2 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Sept 29, 1951, to June 8, 1952, that I last saw the deceased alive on Sept 28, 1952, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>James Logan M.D.</u> (Degree or title)	23b. ADDRESS <u>Warsaw Mo.</u>	23c. DATE SIGNED <u>June 10 1952</u>
--	--------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 11 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tefo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo Rural</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>June 11-52</u>	REGISTRAR'S SIGNATURE <u>Flornice Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. G. Hansout</u> ADDRESS <u>Clinton Mo</u>
--	---	---

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~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.