

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0042416

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 299

## 1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Mexico

Length of stay in 1b  
14 Years

c. CITY  
OR  
TOWN

Mexico

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

419 N. Jefferson St.

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

419 N. Jefferson

(If outside, give location)  
Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

William

Henry

Hattersley, Jr.

4. DATE  
OF  
DEATH

Month

Day

Year

November 24, 1967

5. SEX  
Male

6. COLOR OR RACE  
Cauc.

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
8-25-1873

9. AGE (last birthday)  
94

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)  
Merchant

10b. KIND OF BUSINESS OR INDUSTRY  
Retail Sales

11. BIRTHPLACE (City and state or country)  
Pike County, Missouri

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

William H. Hattersley

13b. MOTHER'S MAIDEN NAME

Martha Tooms

14. NAME OF HUSBAND OR WIFE

Mertilla Hattersley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
500-56-0652

17. INFORMANT

Mrs. Georgia Haden 419 N. Jefferson  
Mexico, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Insufficient of Age

INTERVAL BETWEEN  
ONSET AND DEATH

6 months

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (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)

Chronic Cardiac failure

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

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 April 1963 to 11-24-67 and last saw him alive on 11-24-67  
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

23b. DATE

11-26-67

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Hill Cemetery

23d. LOCATION (City, town, or county)

Monroe County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Precht Funeral Home

Mexico, Missouri

25. DATE RECD. BY LOCAL REG.

Nov 27, 1967

26. REGISTRAR'S SIGNATURE

Alberta Edmonson

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 Vane Lamar Lindsay, Student Embalmer No. 824

working under my personal supervision.

Student

Vane Lamar Lindsay  
Signature of Student Embalmer

Signed

Connie L. Pickering

Licensed Embalmer No.

5189

P. O. Address

Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.