

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5096

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give ORN TOWN Independence)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence <i>0484</i>	
c. LENGTH OF STAY (In this place) 44Yrs		d. STREET ADDRESS (If rural, give location) 415 N. Pleasant <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 N. Pleasant			

3. NAME OF DECEASED (Type or Print) a. (First) Geneva b. (Middle) Hatten c. (Last) Raymond			4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 9, 1859		9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Round Botton, W. Va.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Alvin D. Hatten		13b. MOTHER'S MAIDEN NAME Carilda Dyer		14. NAME OF HUSBAND OR WIFE Mr. Otis Raymond	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or NO) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss. Bess Raymond Indep. Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aneurysm of Abdominal Aorta ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis of aorta DUE TO (c) Hemorrhage from (a) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 + yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. J. Garrison		23b. ADDRESS Independence Mo.		23c. DATE SIGNED 2/15/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 16, 1950		24c. NAME OF CEMETERY OR CREMATORY Park Cem.	
24d. LOCATION (City, town, or county) (State) Carthage, Missouri					

DATE REC'D BY LOCAL REG. Feb. 15-1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Otto Mitchell Indep. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 23 RECD

MAR 4 1950

MAR 4 1950

JUL 20 1950

JUL 14 1950

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
Student Embalmer

Signed Henry S. Mitchell
Licensed Embalmer No. 3925

P. O. Address Indep. 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.