

No. 308
10-48

DUCKET 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29680

State File No. _____

BIRTH NO. 74067-51 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 323

164
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1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bell City (Rural)</u> <u>1030</u>	
c. LENGTH OF STAY (In this place) <u>4 hr. 40 min.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>A.C.</u> b. (Middle) _____ c. (Last) <u>@hatman, Jr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1951</u>
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5. SEX <u>Male 2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Sept. 16, 1951</u>	9. AGE (In years last birthday) _____	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MTH. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Bell City, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>A.C. Chatman</u>	13b. MOTHER'S MAIDEN NAME <u>Odessa Jennings</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>A.C. Chatman, Route 1, Bell City, Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>28 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastroenteritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dehydration, Toxicity</u>		?	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 25 Sept 1951, to 25 Sept 1951, that I last saw the deceased alive on 25 Sept 1951, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Kinder</u> (Degree or title) <u>M.P.D.</u>	23b. ADDRESS <u>Cape Girardeau</u>	23c. DATE SIGNED <u>28 Sept</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 26, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-28-51</u>	REGISTRAR'S SIGNATURE <u>C. L. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>	ADDRESS <u>Charleston, Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

OCT 1 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed Frank Sparks.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3455.....

P. O. Address Cape Girardeau, 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.