

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15554**

FILED MAY 28 1952

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3096		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Mt Pleasant		c. LENGTH OF STAY (in this place) 10 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Mt Pleasant			
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Tree Rest Home				d. STREET ADDRESS (If rural, give location) Butler R.F.D. 0070			
3. NAME OF DECEASED (Type or Print) a. (First) Hattie			b. (Middle) E.		c. (Last) Best		4. DATE OF DEATH (Month) (Day) (Year) 5-22-52
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Apr 81 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Telegraph		10b. KIND OF BUSINESS OR INDUSTRY Operator		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frances Best			13b. MOTHER'S MAIDEN NAME Mary Potter		14. NAME OF HUSBAND OR WIFE Single		
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Pierce Butler 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broncho pneumonia DUE TO (c) Influenza II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 480X				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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-25, 1952 to 5-22, 1952 that I last saw the deceased alive on 4-25, 1952 and that death occurred at 12:30 AM. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. L. Hanson M.D.				23b. ADDRESS Butler Mo		23c. DATE SIGNED 5-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-27-52		24c. NAME OF CEMETERY OR CREMATORY Minneapolis Cemetery		24d. LOCATION (City, town, or county) (State) Minneapolis, Kansas	
DATE REC'D BY LOCAL REG. May 24 52		REGISTRAR'S SIGNATURE Nandall Norrish		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clues-Underwood Butler, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

No. 3070
 4
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: *Robert G. Steinbeck*

Licensed Embalmer No. *4657*

P. O. Address *Little, 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.