No. 300
10.48

FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41952

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 120.

0502

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FESTUS, MO.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 833 Moore St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JEFFERSON
c. CITY OR TOWN: FESTUS MO.
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 833 MOORE ST.

0502

3. NAME OF DECEASED (Type or Print): a. (First) HATTIE b. (Middle) LULU c. (Last) COLIN
4. DATE OF DEATH: (Month) DEC. (Day) 3 (Year) 1956
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR. 10, 1879
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): ST. FRANCIS CO., MO.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: JOHN F. COLIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. ERNEST DAVIS ADDRESS: FESTUS, MO.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Moderate hypertension. — 20 yrs -
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diverticulum duodenum 420.4 — 7

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 16, 19 34, *to* Dec. 3, 19 56, *that I last saw the deceased alive on* Dec. 3, 19 56, *and that death occurred at* 10:50 m., *from the causes and on the date stated above.*

23a. SIGNATURE: John F. Rutledge (Degree or title): M.D.
23b. ADDRESS: Crystal City, Mo.
23c. DATE SIGNED: 12-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/7/56
24c. NAME OF CEMETERY OR CREMATORY: ROSELAWN CEMETERY
24d. LOCATION (City, town, or county) (State): CRYSTAL CITY, MO.

DATE REC'D BY LOCAL REG.: 12/7/56
REGISTRAR'S SIGNATURE: John R. Stuff
25. FUNERAL DIRECTOR'S SIGNATURE: James R. Cady ADDRESS: CRYSTAL CITY, MO.
(Licensed Embalmer's Statement on Reverse Side)

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED DEC 1 1 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James P. Cady

Licensed Embalmer No. 4309

P. O. Address CRYSTAL C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.