

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40097  
State File No. \_\_\_\_\_

FILED JAN 6 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 214

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mexico</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rual, Saltriver</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #4, Mexico, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MERTILLA</u>	b. (Middle) <u>H.</u>	c. (Last) <u>HATTERSLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 17, 1877</u>	9. AGE (In years) (last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Perry, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry McIntyre</u>	13b. MOTHER'S MAIDEN NAME <u>Mary ANN Norris</u>	14. NAME OF HUSBAND OR WIFE <u>William H. Hattersley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William H. Hattersley</u>	ADDRESS <u>Mexico, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		<u>none</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension; Myocarditis</u> DUE TO (c) _____		<u>4 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</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 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 Feb 12, 1949, to Dec 28, 1949, that I last saw the deceased alive on Dec 28, 1949, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles Gaura, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Misses Mo</u>	23c. DATE SIGNED <u>Dec 29 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 30, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Monroe County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 30-1949</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul T. Smith</u>	ADDRESS <u>Mexico, Mo.</u>
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RECEIVED JAN 5 1950  
District Health Officer No. 10  
District File Number 38-53  
Date Filed JAN 5 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Ralph L. Hueston, Jr.

Licensed Embalmer No. 4687

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