S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1947

Registration District No. 1 8 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42284

Primary Registration District No. 3040

Registrar's No. 162

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 117 Liberia Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No.: 117 Liberia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Dan Hatfield
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December (Month) 10 (Day) 1947 (Year)

8. AGE: Years ..... Months ..... Days 0 If less than one day 5 hr. 0 min.

9. Birthplace: Chillicothe (City, town, or county) Missouri (State or foreign country)
10. Usual occupation .....
11. Industry or business: Infant

FATHER
12. Name: Lee Hatfield
13. Birthplace: Chillicothe (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Hazel Shipley
15. Birthplace: Livingston County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Lee Hatfield
(b) Address: Chillicothe, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood Cemetery
18. (a) Signature of funeral director: Norman Funeral Home
(b) Address: Chillicothe, Missouri
19. (a) Dec-11-47 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10 year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 10, 1947 to Dec 10, 1947 that I last saw him alive on Dec 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Birth 7 mos	5 hrs
Due to: Placenta Previa of mother	
Due to:	
Other conditions (include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 159	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: A. Collier (M. D. or other)
Address: Chillicothe, Mo. Date signed: 12/11/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Eltone Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.