

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8418**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1209**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (If in place) 60 YEARS		d. STREET ADDRESS (If rural, give location) 3512 EAST 25TH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) RAYMOND c. (Last) HATFIELD		4. DATE OF DEATH (Month) (Day) (Year) MARCH-14-1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV.-8-1881
9. AGE (In years last birthday) 67 YRS		10. AGE (In years last birthday) 67 YRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SWITCHMAN		10b. KIND OF BUSINESS OR INDUSTRY BURLINGTON RAILROAD EMPORIA, KANSAS	
11. BIRTHPLACE (State or foreign country) U. S. A.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME CHARLES M. HATFIELD		13b. MOTHER'S MAIDEN NAME EMMA FRANCES ORR	
14. NAME OF HUSBAND OR WIFE NORINE HATFIELD		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 707-07-6863		17. INFORMANT'S SIGNATURE OR NAME NORINE HATFIELD ADDRESS 3512 EAST 25TH STREET KANSAS CITY, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LOBAR PNEUMONIA ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) MYOCARDIAL DILATATION DUE TO (c) 490X		INTERVAL BETWEEN ONSET AND DEATH 6 DAYS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **MAR 11**, 1949, to **MAR 14**, 1949, that I last saw the deceased alive on **MAR 14**, 1949, and that death occurred at **7:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE N. A. Cunningham (Degree or title) N. A. Cunningham D.O.		23b. ADDRESS 5018 E 24th Kansas City Mo		23c. DATE SIGNED MAR 15, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 16 1949		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY KANSAS CITY, MISSOURI	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		25. FURNAL DIRECTOR'S SIGNATURE Geraldine Holmes		25. FURNAL DIRECTOR'S SIGNATURE D. W. Newcomer ADDRESS 1401 BRUSH CREEK BLVD KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 3-16-49		REGISTRAR'S SIGNATURE Geraldine Holmes		FURNAL DIRECTOR'S SIGNATURE D. W. Newcomer ADDRESS 1401 BRUSH CREEK BLVD KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed _____

Robert Ray

Signed _____
Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *Kansas City, 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.