

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUN 29 1949 STANDARD CERTIFICATE OF DEATH

State File No. 20590

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Tutnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Tutnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Towersville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Towersville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Towersville, Mo.</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOLA</u> b. (Middle) <u>ANNA</u> c. (Last) <u>HATFIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 27 - 49</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Apr 27, 1877</u>	9. AGE (In years last birthday) <u>72</u> Months <u>1</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homework</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>F.C. Lish</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Parker</u>	14. NAME OF HUSBAND OR WIFE <u>Bert Hatfield</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Hatfield</u> ADDRESS <u>Towersville</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>153X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of descending Colon</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION <u>April 1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca. of descending Colon</u>	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 3/14, 1947, to 5/27, 1949, that I last saw the deceased alive on May 27, 1949, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Donahue</u> (Degree or title)	23b. ADDRESS <u>Centerville, Iowa</u>	23c. DATE SIGNED <u>6/7/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>5-30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Towersville</u>	24d. LOCATION (City, town, or county) (State) <u>Towersville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-21-49</u>	REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Shusted</u> ADDRESS <u>unnknwn Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 17 1954

RECEIVED  
District Health Officer M  
District File Number 6-49  
Date Filed JUN 28 1949

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed *Murl E. Husler*  
.....

Licensed Embalmer No. *3304*

P. O. Address *Monroville Pa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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