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

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22500

BIRTH NO.		REG. DIST. NO. 25		PRIMARY REG. DIST. NO. 4036		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rich Hill		c. LENGTH OF STAY (In this place township) Visiting		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Kansas		14	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION In car on street PARK-AVE				d. STREET ADDRESS (If rural, give location) Route No. 2			
3. NAME OF DECEASED a. (First) Robert			b. (Middle) Hatfield		c. (Last) Hatfield		4. DATE OF DEATH (Month) (Day) (Year) 8 6 49
5. SEX m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 26, 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 10 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Calvary Hatfield			13b. MOTHER'S MAIDEN NAME Sarah Pyle		14. NAME OF HUSBAND OR WIFE Minnie Hatfield		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Hatfield Kansas City, Kan			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion instant					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION sudden coronary attack - dead on arrival				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Rich Hill BATES - MO -			
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			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00P m., from the causes and on the date stated above.							
23a. SIGNATURE John G. Underwood (Degree or title) Coroner				23b. ADDRESS Butler Mo		23c. DATE SIGNED 8-7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-8-49		24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		24d. LOCATION (City, town, or county) (State) Butler Missouri	
DATE REC'D BY LOCAL REG. 8-9-1949		REGISTRAR'S SIGNATURE [Signature]		25 FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Butler, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No.

District File Number 7-49-96

Date Filed 8-9-41

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 _____

Horace K. Hill

Student Embalmer No. 296

working under my personal supervision.

Student Horace K. Hill
Student Embalmer

Signed

John G. Underwood
Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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.