No. 300
10-48

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22654

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 2015 Registrar's No. 453

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

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amazonia Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amazonia Rural
d. STREET ADDRESS (If rural, give location): 1 Mi. S.W.

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3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Quincy
c. (Last): Hatfield

4. DATE OF DEATH (Month) (Day) (Year): 7-18-1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-24-1856
9. AGE (In years last birthday): 94
IF UNDER 1 YEAR: Months 4 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Linn Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Hatfield
13b. MOTHER'S MAIDEN NAME: Jeane Vanderpool
14. NAME OF HUSBAND OR WIFE: Mary L Hatfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Nora Cameron
ADDRESS: Amazonia 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Block Heart

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.

INTERVAL BETWEEN ONSET AND DEATH: 4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-18-, 1950, *to* 7-18, 1950, *that I last saw the deceased alive on* 7-18-, 1950, *and that death occurred at* 7 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R R Kelley MD
23b. ADDRESS: Savannah Mo
23c. DATE SIGNED: 7-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-20-50
24c. NAME OF CEMETERY OR CREMATORY: Wardlow
24d. LOCATION (City, town, or county) (State): near Fillmore Mo

DATE REC'D BY LOCAL REG.: 7-20-50
REGISTRAR'S SIGNATURE: Lillian Spark
25. FUNERAL DIRECTOR'S SIGNATURE: Breit Funeral Home
ADDRESS: Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 25 1950
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 ..... Student Embalmer No. ....., working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Mo

Signed .....
Student Embalmer

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.