

FILED AUG 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25927

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3905</u>		Registrar's No. <u>211²</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>S.W. of Millard Pettis Twp.</u>		c. LENGTH OF STAY (In this place) <u>2 mons.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata, Mo. Rural 0010</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.W. Of Millard-Pettis Twp.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>Lee</u> c. (Last) <u>Hatfield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 4, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mch. 13, 1919</u>	
9. AGE (In years last birthday) <u>31</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Schuyler County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Burkhart</u>			13b. MOTHER'S MAIDEN NAME <u>Eva Brassfield</u>		14. NAME OF HUSBAND OR WIFE <u>John Hatfield</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-14-7759</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alberta McElhinney, Kirksville, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound in left breast</u> 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 <u>E 981X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY), (STATE) <u>Pettis Township-Adair, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 4 50 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot by husband</u>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert B. Davis</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS. <u>Adair County, Missouri</u>		23c. DATE SIGNED <u>8-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/7/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Queen City</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>8-7-50</u>		REGISTRAR'S SIGNATURE <u>Kato Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. R. Long</u> ADDRESS <u>Kirksville, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

REC'D 1 9 1950

110

RECEIVED
AUG 10 1950
District Health Officer No. 10
District File Number 8-50-1325
Date Filed AUG 17 1950

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.

Signed Roy H. Meiser, Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.