U.S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

506

State File No.

BIRTH NO. REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4097 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HARRISONVILLE
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pittsburg 8150
d. STREET ADDRESS (If rural, give location): 1009 15th St 8

3. NAME OF DECEASED (Type or Print): a. (First) IDA b. (Middle) MAY c. (Last) HATFIELD

4. DATE OF DEATH (Month) (Day) (Year): Jan. 8 1951

5. SEX: Fe l
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 30-1868
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): near Braymer Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: TOM HARRIS
13b. MOTHER'S MAIDEN NAME: MARY A. HARRIS
14. NAME OF HUSBAND OR WIFE: John D. 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: Frank Prather — ADDRESS: 1904 Main Kansas City Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA, HYPOSTATIC — INTERVAL BETWEEN ONSET AND DEATH: 9 DAYS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) FRACTURE, SIMPLE, LEFT THIRD AND SEVENTH RIBS. — 10 DAYS

~~DUE TO (c)~~ AND, CONTUSION, SEVERE, LEFT SHOULDER — 10 DAYS

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. SENILITY — UNKNOWN

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 19 68237 32
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (6) ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ROAD NEAR CLEVELAND, MO
21c. (CITY, TOWN, OR TOWNSHIP) CLEVELAND (COUNTY) Cass (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JAN 1 1951 — m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: AUTO WRECK. ROR

22. *I hereby certify that I attended the deceased from* JAN. 1, 1951, *to* JAN. 8, 1951, *that I last saw the deceased alive on* JAN. 8, 1951, *and that death occurred at* 2:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Herbert A. Tracy (Degree or title) M.D.
23b. ADDRESS: BELTON, Missouri
23c. DATE SIGNED: 1-9-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 10-1951
24c. NAME OF CEMETERY OR CREMATORY: Maplewood Cemetery
24d. LOCATION (City, town, or county) Brownington (State) Mo.

DATE REC'D BY LOCAL REG.: Jan 9, 1950
REGISTRAR'S SIGNATURE: Lama J. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Rennenburg's
ADDRESS: Harrisonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 13 1951

CASS COUNTY
HEALTH DEPARTMENT

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 Ernest Runnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.