

FILED FEB 5 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 673

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 3158 Registrar's No. 10

03071

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

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Grant Rural 0307</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Genety</u> c. (Last) <u>Hatfield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-19-1951</u>		
5. SEX <u>F-1</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W 2</u>	8. DATE OF BIRTH <u>June 22-1873</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Wm Cusick</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Greber</u>	14. NAME OF HUSBAND OR WIFE <u>Elic Hatfield</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Gilbert Hatfield</u> ADDRESS <u>Buffalo Mo</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		<u>5 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Stomach</u> DUE TO (c) _____		<u>2 yr?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>151X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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 1-3, 1951, to 1-18, 1951, that I last saw the deceased alive on 1-18, 1951, and that death occurred at 7:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>O. Gruffen mdd</u> (Degree or title)	23b. ADDRESS <u>Buffalo Mo</u>	23c. DATE SIGNED <u>1-23-51</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-21-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/29/51</u>	REGISTRAR'S SIGNATURE <u>Miss J.B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter W. Vaughan</u> ADDRESS <u>Buffalo Mo</u>
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 31 1951

Dist. File 151-263

Date Filed 1-31-51

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.

Student
Student Embalmer

Signed Allen W. Vaughan.....

Licensed Embalmer No. 4156.....

P. O. Address Zionsville, 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.