

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

| | | | | | | | |
|---|-------------------------------|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>150</u> | | PRIMARY REG. DIST. NO. <u>5572</u> | | Registrar's No. <u>111</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0480</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prarie</u> | | c. LENGTH OF STAY (In this place) <u>15 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenwood</u> <u>0480</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jackson County E. Hosp.</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u> | | | b. (Middle) _____ | | c. (Last) <u>Hatfield</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 14, 1951</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>Feb. 1, 1904</u> | 9. AGE (In years last birthday) <u>47</u> | 10. UNDER 1 YEAR Months <u>6</u> Days <u>14</u> | 11. UNDER 18 Hrs. _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | 10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Sedalia, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Orville Crum</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Floyd</u> | | 14. NAME OF HUSBAND OR WIFE <u>John Hatfield</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>John Hatfield Greenwood Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinomatosis (origin unknown)</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 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) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1998</u> | | | |
| 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 <u>7-30-51</u> , 19____, to <u>8-14-51</u> , 19____, that I last saw the deceased alive on <u>8-14-51</u> , 19____, and that death occurred at <u>5:15 a. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John C. Summers MD</u> | | | | 23b. ADDRESS <u>Rt #4 Independence Mo</u> | | 23c. DATE SIGNED <u>8-16-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-16-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Leis Summit</u> | | 24d. LOCATION (City, town, or county) (State) <u>Leis Summit Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>8/16/51</u> | | REGISTRAR'S SIGNATURE <u>Dorcas C. Eamshaw</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Kingsford</u> | | ADDRESS <u>Leis Summit Mo</u> | |

AUG 24 RECD

SEP 20 1951

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 _____

B. J. Lindley

Licensed Embalmer No. _____

74822

P. O. Address _____

Leek Summit, Pa.

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.