

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

State File No. 41632  
5450

FILED JAN 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (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>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>47 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2322 Chelsea</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2322 Chelsea</u>			

3548

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>John</u> b. (Middle) <u>H.</u> c. (Last) <u>Hatfield</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12 15 51</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 15, 1866</u>	<b>9. AGE</b> (In years last birthday) <u>85</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Express Agent</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Railway Express</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Richmond, Ind.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>John Hatfield</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Jane Jones</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Minnie Hatfield</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Cecil M. Moyer</u> <b>ADDRESS</b> <u>2322 Chelsea KCMO.</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 1/2 yrs</u> <u>6 yrs</u> <u>44 1/2</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic myocarditis</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Bronchial Congestion</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>4 days before death</u> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>K.P. near Jackson Mo</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

**22. I hereby certify that I attended the deceased from May 19, 1951, to Dec 15, 1951, that I last saw the deceased alive on Dec 15, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>S.D. Ramey D.D.</u> (Degree or title)	<b>23b. ADDRESS</b> <u>900 Benton K.P. Mo</u>	<b>23c. DATE SIGNED</b> <u>12-18-51</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>12-16-51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Green Lawn</u>
<b>24d. LOCATION</b> (City, town, or county) <u>Kansas City</u>		<b>(State)</b> <u>Mo.</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>12-18-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Seraldine Holmes</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Melody-McGilley-Eylar</u> <b>ADDRESS</b> <u>KCMO.</u>
---	--	--

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

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.