S. No. 300
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APR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15314
Registrar's No. 1629

BIRTH NO. _____ REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 2004

1. PLACE OF DEATH
a. COUNTY: JASPER COUNTY, MISSOURI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin, Missouri
c. LENGTH OF STAY (In this place): 1 Wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Joplin General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carl Junction
d. STREET ADDRESS (If rural, give location): 208 Summit

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

4. DATE OF DEATH (Month) (Day) (Year): Apr. 7, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-14-1909
9. AGE (In years on last birthday): 42 — If under 1 year: Months 10, Days 23 — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Industrial
11. BIRTHPLACE (City and State or Foreign Country): R. L. Carl Junction, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: August Betz
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Lortz
14. NAME OF HUSBAND OR WIFE: Norris D. Hatfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Norris D. Hatfield, Carl Junction, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma of the Liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of the breast
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: 170 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 23, 1952, *to* April 7, 1952, *that I last saw the deceased alive on* April 6, 1952, *and that death occurred at* 1:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Pinkston M.D.
23b. ADDRESS: Carl Junction Mo
23c. DATE SIGNED: 4-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-10-1952
24c. NAME OF CEMETERY OR CREMATORY: Carl Junction Cemetery
24d. LOCATION (City, town, or county) (State): Carl Junction, Mo.

DATE REC'D BY LOCAL REG.: 4-9-52
REGISTRAR'S SIGNATURE: James 138 Ed Dolbus Lamphier D.R.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Don Pomeroy, Carl Jct., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-14-52
Jasper County Health Office
County File Number 52/4/295
Date Filed 4-14-52

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 Jack C. Simpson
Licensed Embalmer No. 4647
P. O. Address Webb City, 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.