

STANDARD CERTIFICATE OF DEATH

State File No. **1177**

FILED JAN 16 1953

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **194**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. LENGTH OF STAY (in this place) 04/18	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wright's Memorial Hospital.		d. STREET ADDRESS (If rural, give location) 114 E 7th	

3. NAME OF DECEASED (Type or Print) a. (First) PERRY	b. (Middle) L.	c. (Last) Hatfield	4. DATE OF DEATH (Month) (Day) (Year) JANUARY 7 1953
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 21, 1889	9. AGE (In years last birthday) 65	# UNDER 1 YEAR 9	YEARS 16	# UNDER 1 Mo. 0	Hours 0	Mins. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY Janitor	11. BIRTHPLACE (City and State or Foreign Country) Lynch Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAMES R. HATFIELD	13b. MOTHER'S MAIDEN NAME FRANCES M. SMITH	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or dates of service) July 27, 1918 - April 10, 1919	16. SOCIAL SECURITY NO. 491-28-6666	17. INFORMANT'S SIGNATURE OR NAME Jesse Hatfield, Jr. Int. Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 or 2 hrs NO NOT KNOWN
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 7, 1953**, to **Jan 7, 1953**, that I last saw the deceased alive on **Jan 7, 1953**, and that death occurred at **4:15 P.M.** from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffy M.D.	(Degree or title)	23b. ADDRESS Trenton	23c. DATE SIGNED Jan 8 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-10-53	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Edinburg MO.
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DATE REC'D BY LOCAL REG. 1-10-53	REGISTRAR'S SIGNATURE Irene Fair	115	25. FUNERAL DIRECTOR'S SIGNATURE Davis-Blackburn	ADDRESS Trenton MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 16 1953

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 _____

Jordan Blackman

Licensed Embalmer No. 4602

P. O. Address Jrenton, 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.