

STANDARD CERTIFICATE OF DEATH

State File No. 037-100
 Registrar's No. 100

FILED FEB 26 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If in institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City</u> <u>1492</u> | |
| c. LENGTH OF STAY (In this place) <u>10 days</u> | | d. STREET ADDRESS (If rural, give location) <u>415 Wood St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u> | | | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>B.</u> c. (Last) <u>HATCHER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 13, 1953</u> | | |
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| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>November 1871</u> | | 9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u> IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operated Laundry</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Webb City, Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Harris E. Hatcher</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Harrison</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Anna E. Hatcher (deceased)</u> | | | | | |
| 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. <u>500-01-0832</u> | | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Betty McCullough Webb City, Mo.</u> | | | ADDRESS _____ | | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | MEDICAL CERTIFICATION <u>Chronic Valvular Heart disease Myocardial Damage But failure decompensation and edema of lungs and extremities</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs 30 days</u> | |
| | | DUE TO (b) _____ | | DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | <u>4214</u> | | | |

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|------------------------|--|----------------------------------|--|---|--|
| 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? | |
|---|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from Dec 5, 1952 to Feb 13, 1953, that I last saw the deceased alive on Feb 13, 1953 and that death occurred at 1:21 P.M., from the causes and on the date stated above.

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|--------------------------------------|--|-------------------|--|--|--|---|--|
| 23a. SIGNATURE <u>[Signature]</u> | | (Degree or title) | | 23b. ADDRESS <u>708 Jasper Rd. Webb City, Mo.</u> | | 23c. DATE SIGNED <u>Feb 15, 1953</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 16, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATOR <u>Mt Hope Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u> | |
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|--|--|---|--|--|--|---------------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>2/19/53</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u> | | ADDRESS <u>Webb City, Missouri</u> | |
|--|--|---|--|--|--|---------------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-24-53
Jasper County Health Office

County File Number 53/2/192
Date Filed 2-25-53

FEB 7 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 Richard Gray Lewis

Licensed Embalmer No. 4405

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.