

FILED JUN 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22542

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY PUTNAM	
b. CITY OR TOWN POWERSVILLE (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) LIFE.		c. CITY OR TOWN POWERSVILLE (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER		d. STREET ADDRESS (If rural, give location) TOWN	

3. NAME OF DECEASED (Type or Print) a. (First) BEATIN b. (Middle) - c. (Last) HATFIELD			4. DATE OF DEATH (Month) (Day) (Year) MAY 15-53		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY self		8. DATE OF BIRTH Oct 10, 1874	
11. BIRTHPLACE (City and State or Foreign Country) Putnam Co Mo		9. AGE (In years last birthday) 78 7 5		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Thomas Hatfield		13b. MOTHER'S MAIDEN NAME MARGARET KENWORTHY		14. NAME OF HUSBAND OR WIFE LOLA ANNA HATFIELD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Lloyd Hatfield Powersville, Mo ADDRESS _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) _____	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Mar. 9, 1943, to May 15, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE G.H. Dale (Type or Print)		23b. ADDRESS Dr. Newtown, Mo		23c. DATE SIGNED 5/25/53	
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24a. BURIAL, CREMATION, REBOVAL (Specify) B		24b. DATE MAY-18-53		24c. NAME OF CEMETERY OR CREMATORY POWERSVILLE, MO	
				24d. LOCATION (City, town, or county) (State) POWERSVILLE, MO	

DATE REC'D BY LOCAL REG. 6-12-53		REGISTRAR'S SIGNATURE Marvell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE J.D. Husted ADDRESS Tom Monroville, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

562

SEP 17 1954

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 Murl E. Husted

Licensed Embalmer No. 3394

P. O. Address Monroville, 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.