No. 300
10.48

FILED AUG 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29426

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5838 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Newton Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Berwick twp
c. LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7 Miles S-W of Pierce City, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Berwick twp 0730
d. STREET ADDRESS (If rural, give location) 7 Mi - S-W of Pierce City, Mo

3. NAME OF DECEASED (Type or Print) a. (First) ARTIE b. (Middle) CHRISTINE c. (Last) HATFIELD

4. DATE OF DEATH (Month) (Day) (Year) 7-29-53

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-27-1912
9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months 3 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Newton Co.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James O. Tebor
13b. MOTHER'S MAIDEN NAME Jennie Stroud
14. NAME OF HUSBAND OR WIFE Victor Hatfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Victor Hatfield, Pierce City, Mo. ADDRESS

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) Carcinoma Breast with metastasis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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* June, 1953, *to* 7-29, 1953, *that I last saw the deceased alive on* July 26, 1953, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold C. Lentz (Degree or title) M.D.
23b. ADDRESS Neosho Mo.
23c. DATE SIGNED 8-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-31-53
24c. NAME OF CEMETERY OR CREMATORY Dice
24d. LOCATION (City, town, or county) Wheaton, Mo (State)

DATE REC'D BY LOCAL REG. Aug 6, 1953
REGISTRAR'S SIGNATURE M. L. Young 225
25. FUNERAL DIRECTOR'S SIGNATURE Wilks Bros ADDRESS Pierce City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH

District File Number 853-156

Date Filed AUG 14 1953

NEOSHO, MISSOURI

AUG 20 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 Edwin Wilks, working under my personal supervision.

Student Embalmer No.

Signed Edwin Wilks

Signed
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address Pierce 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.