

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31815

State File No.

4345

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City 16 - 2000</u>	
c. LENGTH OF STAY (If this place) <u>8 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.F. D 12 Masby Highlands</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>John</u> c. (Last) <u>Hatfield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 - 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>Married</u>		8. DATE OF BIRTH <u>Feb. 2 - 1929</u>		9. AGE (In years last birthday) <u>24</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>		IF UNDER 6 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lineman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>K.C.P.&L. Co.</u>			11. BIRTHPLACE (State or foreign country) <u>Liberty Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
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13a. FATHER'S NAME <u>Walter D Hatfield</u>			13b. MOTHER'S MAIDEN NAME <u>Collie L Roberts</u>			14. NAME OF HUSBAND OR WIFE <u>Dorris Hatfield</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If known, give year or dates of service) <u>Mo 492-28-6029</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorris Hatfield R7D12 - KC, 16.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>						<u>891434</u>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured Spleen - Fracture of Pelvis -</u> <u>1st + 2nd Degree Burns of Upper Half of Body.</u> DUE TO (c) <u></u>							
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						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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, etc.) <u>Light pole</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) / 23 (STATE) <u>Kansas City, Jackson Mo.</u>					
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-2-53</u> m.				21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Electric shock & fall from pole</u>			
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack H Hill</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>3001 Wyandotte KC Mo</u>			23c. DATE SIGNED <u>3 Sept 53</u>		
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 6 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Slope</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>	
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DATE REC'D BY LOCAL REG. <u>9-4-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leaud H Francis Parkville</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. [unclear] [unclear]

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 *←*

working under my personal supervision.

Student Embalmer No.

Signed

Leland B. Francis

Signed.....
Student Embalmer

Licensed Embalmer No. *3451*

P. O. Address *Parkville 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.