

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34518

State File No.

FILED OCT 2 - 1953 BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2371

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Penn. b. COUNTY unk. 8370 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights | | c. LENGTH OF STAY (in this place) 2 weeks | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | e. STREET ADDRESS none | |

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|---|--------------------|--|--|------------------------------------|-----------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) HARRIET | b. (Middle) NMI | c. (Last) HATFIELD | (Month) Sept. | (Day) 2, | (Year) 1953 |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH 8/16/1876 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and State or Foreign Country) Rutland Township, Penn. | 12. CITIZEN OF WHAT COUNTRY? U.S. | |

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| 13a. FATHER'S NAME Melvin Updyke | 13b. MOTHER'S MAIDEN NAME Mariah Metcalf | 14. NAME OF HUSBAND OR WIFE Wm. Henry 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 ADDRESS E. Karl Smith, #2 Claychester |

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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 2 wks |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease years DUE TO (c) Generalized Arteriosclerosis years | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis pneumonia Hours | | | |
| 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 |
| 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 8/22, 1953, to Sept. 2, 1953, that I last saw the deceased alive on Sept. 2, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

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|---|---------------------|---|---|
| 23a. SIGNATURE M. A. Kempter, M.D. | (Degree or title) | 23b. ADDRESS 416 Lansdowne | 23c. DATE SIGNED 9/4/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 9/4/53 | 24c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery | 24d. LOCATION (City, town, or county) (State) Mansfield, Penn. |

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| DATE REC'D BY LOCAL REG. 9/13/53 | REGISTRAR'S SIGNATURE Walter G. Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, 6175 Delmar |
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Dr Wm A Knight
4161 Lindell
al 0929
1:30-6:00

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.....
Signature of Student Embalmer

Signed *R. O. Yahnke*
Licensed Embalmer No. *3917*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.