

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8117

5302 State File No. _____

No. 300
10-48

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 2502 Registrar's No. 75

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u> b. CITY OR TOWN <u>Perez Clark</u> c. LENGTH OF STAY (in this place) <u>6 mos</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 miles-south of J.C. Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY OR TOWN <u>Perez</u> d. STREET ADDRESS (If rural, give location) <u>10 miles-s-s-of J.C. on 54 Hi.</u>	
3. NAME OF DECEASED (Type or Print) <u>Hona Belle Hatfield</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 27-1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 7-1874</u>
9. AGE (In years last birthday) <u>79</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew Powell</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>W.E. Hatfield</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chester Hatfield</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Hypostatic)</u> ANTECEDENT CAUSES <u>asthatic deformations (General)</u> DUE TO (b) <u>depression from decubitus</u> DUE TO (c) <u>ulcers</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 <u>715 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
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 <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 <u>Mar 25, 1954</u>, to <u>Mar 25, 1954</u>, that I last saw the deceased alive on <u>Mar 25, 1954</u>, and that death occurred at <u>4:10 Pm.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. O. ...</u>		23b. ADDRESS <u>507 E. High</u>	23c. DATE SIGNED <u>3.27.54</u>
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <u>Mar 29 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>	24d. LOCATION (City, town, or county) (State) <u>B-22160 Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 2-54</u>	REGISTRAR'S SIGNATURE <u>Mr. P. B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>... ..</u>	
ADDRESS <u>... ..</u>		ADDRESS <u>... ..</u>	

@ smart.

Carroll, Mo.

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 _____

Licensed Embalmer No. 3641

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.