

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18956**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2515

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY OR TOWN Kansas City		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 Margaret Kathryn Nursing Home		e. STREET ADDRESS 4603 Independence Avenue		3198	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Jerry	b. (Middle) Preston	c. (Last) HATCHER	(Month) June	(Day) 3	(Year) 1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 25, 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 78	IF UNDER 24 HRS. Days 78	Hours 78	Min. 78
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Mill Foreman	10b. KIND OF BUSINESS OR INDUSTRY Unk. - PITCHER ONLY	11. BIRTHPLACE (City and State or Foreign Country) Jasper Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John F. Hatcher	13b. MOTHER'S MAIDEN NAME Millerva	14. NAME OF HUSBAND OR WIFE Alice Hatcher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 500-09-3494	17. INFORMANT'S SIGNATURE OR NAME Miss Annie Hatcher	ADDRESS 4603 Indep. Ave., KC, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congettive heart failure		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Artecoselerotic heart disease		lyear
	DUE TO (c) Generalized arteriosclerosis		Indef.
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 4250	20. AUTOPSY? YES <input 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 bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Oct. 1, 1953, to June 2, 1954, that I last saw the deceased alive on June 2, 1954, and that death occurred at 5:35 am., from the causes and on the date stated above.

23a. SIGNATURE Wilson V. Miller M.D.	(Degree or title)	23b. ADDRESS 4620 Indep. Kansas City, Mo.	23c. DATE SIGNED 6/4/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial	24b. DATE 6-5-54	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. 6-4-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS Kansas City, Mo.
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Dr. Wilson Miller
(Missouri State's office)

Five P. M.
4620 Independence

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 *Arthur Eugene Hoover*.....

Licensed Embalmer No. *491*.....

P. O. Address *K.C. 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.