

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, write RURAL and give town) Webb City		c. LENGTH OF STAY (in this place) D.O.A.	c. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon		d. STREET ADDRESS (If rural, give location) v 550 / 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Inez b. (Middle) I. c. (Last) Hatfield			4. DATE OF DEATH (Month) (Day) (Year) July 28th, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 24th, 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 4 Days 4
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) Council Grove, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME J.W.A. J. Smith		13b. MOTHER'S MAIDEN NAME M.E. McMillen	14. NAME OF HUSBAND OR WIFE Roy C. Hatfield, deceased		
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. 500-09-2188	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Dudley, Daughter, Joplin, Mo.		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 hour 6 months Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		4201
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 Jan 9, 1954, to July 25, 1954, that I last saw the deceased alive on July 25, 1954, and that death occurred at 10:30 Am., from the causes and on the date stated above.					
23a. SIGNATURE David E. George, Sr.			23b. ADDRESS Mt Vernon, Mo		23c. DATE SIGNED 7/20/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-1-1954	24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	24d. LOCATION (City, town, or county) (State) Carl Junction, Mo.	
DATE REC'D BY LOCAL REG. 8-1-54		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Carl Grey		ADDRESS Carl Junction, Mo

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED - AUG 9
Jasper County Health Office
County File Number 54-8-
Date Filed AUG 9 1954

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 *J. Hume*

Licensed Embalmer No. 4468

P. O. Address *Webb 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.