

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33927

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4512

1. PLACE OF DEATH a. COUNTY Jackson County			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 town) Kansas City, Mo.		c. LENGTH OF STAY (In this place) 9 days	c. CITY (If outside corporate limits, write RURAL and give township) Independence		d. STREET ADDRESS (If rural, give location) 2410 Hedger	
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Osteopathic Hosp.						
3. NAME OF DECEASED a. (First) Jesse			b. (Middle) May	c. (Last) Hatfield	4. DATE OF DEATH (Month) (Day) (Year) 9 22 54	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 1 - 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 3 Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Custodian Public Schools	11. BIRTHPLACE (State or foreign country) Syracuse, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Harry Hatfield		13b. MOTHER'S MAIDEN NAME Matilda Self	14. NAME OF HUSBAND OR WIFE Maggie Hatfield			
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. 530-18-7005	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maggie Hatfield ADDRESS 2410 Hedger			
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* Coronary Intarction			INTERVAL BETWEEN ONSET AND DEATH 10 MIN.
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			10 years
			DUE TO (c)			4201 F
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sarcoma Pancreas			1 year.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
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 March 1854, to 9-22-54, 19, that I last saw the deceased alive on 9-22-54, and that death occurred at 3:20 p.m., from the causes and on the date stated above.						
23a. SIGNATURE W. T. Hubbard (Degree or title) D.O.		23b. ADDRESS Independence Missouri		23c. DATE SIGNED 9-27-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 24 1954	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Park	24d. LOCATION (City, town, or county) (State) Kansas City Mo			
DATE REC'D BY LOCAL REG 9-24-54		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nelson L. Kopy 2410 Hedger		

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*Wilton L. Kephley*

Licensed Embalmer No. ....

*4225*

P. O. Address.....

*Indep. mo*

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

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