

FILED DEC 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36359**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>414</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>				
b. CITY OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>5 das</u>		c. CITY OR TOWN <u>Kirksville</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brim-Smith Mem Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>311 N. Boundary St.,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u>		b. (Middle) <u>Hadley</u>		c. (Last) <u>Hatcher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1954</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 27, 1902</u>		
9. AGE (in years last birthday) <u>51</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Galt, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ely Hatcher</u>			13b. MOTHER'S MAIDEN NAME <u>Pearl Clark</u>			14. NAME OF HUSBAND OR WIFE <u>Goldie Young Hatcher</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. II</u>			16. SOCIAL SECURITY NO. <u>486-12-8458</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Goldie Hatcher, Kirksville, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Indolens</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>multiple chest injuries</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>multiple fractures both upper extremities</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>4 hrs.</u> <u>4 hrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E 8100 27</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road crossing</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Wycliff Clark Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 20 54 1:30 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck hit by train</u>				
22. I hereby certify that I attended the deceased from <u>11 20</u> , 19 <u>54</u> , to <u>11 24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11 24</u> , 19 <u>54</u> , and that death occurred at <u>2:45 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Walter T. England M.A.</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>11 26 54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-26-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert-1-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Hiley</u>		ADDRESS <u>Kirksville, Mo.</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

DEC 7 1950

DEC 13 1950

DEC 13 1950

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 George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Kipsville, 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.