

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5523

State File No.

FILED MAR 8 1955

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>5703</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u> <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>			
b. CITY OR TOWN <u>Farmer'sville</u>		c. CITY OR TOWN <u>Farmer'sville</u>		c. CITY OR TOWN <u>Rural Cream Ridge Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home In Farmer'sville</u>				• STREET ADDRESS (If rural, give location) <u>0590</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Teddy</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Hatfield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 25 1882</u>	
9. AGE (In years last birthday) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County, Mo.</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Emerson E. Hatfield</u>		13b. MOTHER'S MAIDEN NAME <u>Gora Belle Foster</u>		14. NAME OF HUSBAND OR WIFE <u>Celina Hoisington Hatfield</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-28-0508</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Celina Hatfield Farmer'sville, Mo.</u> ADDRESS _____			
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) <u>Chronic Intestinal Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>592 X</u> YES <input 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) (Min.) _____	
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>June 1954</u> to <u>3-1 1955</u> , that I last saw the deceased alive on <u>10:45 AM 1954</u> , and that death occurred at <u>1:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Bennett, M.D.</u>				23b. ADDRESS <u>Chillicothe</u>		23c. DATE SIGNED <u>3-3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 3, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S. O. O. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Edinburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-3-55</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neal</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jordan Blackmon</u> ADDRESS <u>Branton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *Harold L. Roberts*.....

Licensed Embalmer No. *492*

P. O. Address *London, S*

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.