

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15474**
1869

FILED MAY 19 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 001 Registrar's No. _____

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 50 3321 Agnes	

3. NAME OF DECEASED (Type or Print) a. (First) FRANCIS b. (Middle) E. c. (Last) HATCHMAN			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	
8. DATE OF BIRTH July 6, 1904		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Cities Svc. Oil Co.		11. BIRTHPLACE (City and State or Foreign Country) Conneticut 1
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Norman Hatchman		13b. MOTHER'S MAIDEN NAME Henrietta Woodrorth		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. 2		16. SOCIAL SECURITY NO. 049-09-8471		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floyd A. Sheldon, 1212 Linwood, K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 3 wks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary arteriosclerosis + thrombosis			
		DUE TO (c) Bronchopneumonia			42
		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			20. AUTOPSY? YES <input checked="" 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)	
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 4-4, 1955, to 4-27, 1955, that I last saw the deceased alive on 4-26, 1955, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE James B. McVey M.D. (Degree or title) <i>James B. McVey</i>		23b. ADDRESS 814 VFW Bldg. K.C. Mo.		23c. DATE SIGNED 4/27/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/29/55		24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		24d. LOCATION (City, town, or county) (State) Norwalk, Conneticut	
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DATE REC'D BY LOCAL REG. 4-28-55		REGISTRAR'S SIGNATURE <i>Reva Marshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C. MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. James K. McVay, Jr.
Harter Bldg.
33 + Kedwyz. 814
Va 5800

Exp. 5:30 AM

MAY 15 1971

Start 5:05 PM today
J

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. H. Crowell

Licensed Embalmer No. 4904

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