

FILED SEP 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29597

State File No.

BIRTH NO. 49634-55 REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Howard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Cooper.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0071</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u>		b. (Middle) <u>Beryl</u>	c. (Last) <u>Hatchel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 14 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 2-1955</u>	9. AGE (In years) (Last birthday) <u>12</u>	IF UNDER 1 YEAR Months <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Fayette Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>

13a. FATHER'S NAME <u>Willard Lee Hatchel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lancaster</u>		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)		16. SOCIAL SECURITY NO. <u>80</u>	17. INFORMANT'S SIGNATURE OR NAME <u>David Lancaster Parsonson</u>		
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Computal malformation -</u>					
ANTECEDENT CAUSES		DUE TO (b) <u>-</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>-</u>			
11. 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 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)	
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 Sept 2, 1955 to Sept 14, 1955, that I last saw the deceased alive on Sept 14, 1955, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. B. Beach M.D.</u>		23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>9/16/55</u>	
---	--	-------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo.</u>	
--	--	--------------------------------	---	--	--

DATE REC'D BY LOCAL REG. <u>9/16/55</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. L. Hall</u>	
				ADDRESS <u>New Franklin Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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