No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43117

FILED JAN 4 - 1956

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Cambridge
c. LENGTH OF STAY (In this place) Fifty years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ~~Thomas~~ 6 miles N Slater Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Cambridge
d. STREET ADDRESS (If rural, give location) 6 Miles North, Slater Mo

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) c. (Last) Hatfield

4. DATE OF DEATH (Month) (Day) (Year) 11 - 25 - 55

5. SEX Male
6. COLOR OR RACE White
7. ~~MARRIED, NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH Aug 30 1863
9. AGE (In years last birthday) 92-2-25 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) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Near Edina Knox Co Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Benjamin Hitzfield
13b. MOTHER'S MAIDEN NAME Sarah Lair
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
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs J E Norvell, Slater Mo 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Descending Colon — INTERVAL BETWEEN ONSET AND DEATH 6 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ 153X

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 ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19__ *to* Nov, 1955, *that I last saw the deceased alive on* Nov 2, 1955, *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. C. Duggins M.D.
23b. ADDRESS Slater Mo
23c. DATE SIGNED 11-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-26-55
24c. NAME OF CEMETERY OR CREMATORY Slater City
24d. LOCATION (City, town, or county) (State) Slater Mo

DATE REC'D BY LOCAL REG. 11/28/55
REGISTRAR'S SIGNATURE Mrs. Earl C. Metz
25. FUNERAL DIRECTOR'S SIGNATURE J E Jones, ADDRESS Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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. 3143

P. O. Address Slater

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.