

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 5764
6

BIRTH NO. _____		REG. DIST. NO. 264		PRIMARY REG. DIST. NO. 4394		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Ozark			
b. CITY OR TOWN Bakerfield		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Bakerfield		d. If Residence within limits of city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS RFD 0112			
3. NAME OF DECEASED (Type or Print) a. (First) Selby		b. (Middle) Frank		c. (Last) Hatcher		4. DATE OF DEATH (Month) (Day) (Year) 2-27-56	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m		8. DATE OF BIRTH 4-25-1901	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or Foreign Country) Bakerfield Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Harvey Hatcher		13b. MOTHER'S MAIDEN NAME Mabel Alexander		14. NAME OF HUSBAND OR WIFE Mabel Hatcher			
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. 461		17. INFORMANT'S SIGNATURE OR NAME Mrs. D. J. Hatcher, Bakerfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Chronic Glomerular Nephritis Hypertension, Chr. Arterial, Severe Coronary Decompensation Pulmonary Edema, Acute II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from Jan 14, 1955, to Feb 27, 1956, that I last saw the deceased alive on Feb 25, 1956, and that death occurred at 2:10 a.m., from the causes and on the date stated above.			
22a. SIGNATURE [Signature]		22b. ADDRESS (Degree or title) M.D. West Plains, Mo		22c. DATE SIGNED 7 MAR. 56		23a. BURIAL, CREMATION, REMOVAL (Specify) 129-56 Hawken Ridge Bakerfield Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 3/10/56		REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS West Plains Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1951

OCT 16 1962

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.....

Licensed Embalmer No. 348

P. O. Address.....

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.