

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 12 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage Marion</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Carthage</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D. O. A. McCune Brooks Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>601 Lyon St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>David</u>	b. (Middle) <u>Leroy</u>	c. (Last) <u>Hatfield</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1956</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>11-4-1925</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	---	-----------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ind. Gravel Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Taneyville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Smith Hatfield</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fannery</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Mc Haffie</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes 1945</u>	16. SOCIAL SECURITY NO. <u>497-22-2688</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. David L. Hatfield, Carthage, Mo.</u>	ADDRESS <u>Carthage, Mo.</u>
---	--	--	------------------------------

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.	I. DISEASE OR CONDITION* DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES <u>Fractured ribs</u> DUE TO (b) _____ <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Almost instantaneous</u>
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3 1/2 miles N. Carthage</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Marion</u> (COUNTY) <u>Jasper</u> (STATE) <u>Mo.</u>
---	---	--

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Nov. 23, 56 3:45 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car apparently went out of control on curve, overturned - this man just put car, crushed head</u>
--	---	---

22. I hereby certify that I attended the deceased from Nov 23, 1956, 1956, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. ...</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Fair National Building - Joplin</u>	23c. DATE SIGNED <u>11-26-56</u>
--	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11-24-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FORSYTH, MO.</u>	24d. LOCATION (City, town, or county) (State)
--	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>11-29-56</u>	REGISTRAR'S SIGNATURE <u>W. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home, Carthage, Mo.</u>	ADDRESS
--	--	---	---------

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

OSper County  
County File Number 56-971  
Date Filed DEC 10 1956

**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.....

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.