

XC-19 734 990

Reg. #19290

BL #10307

FILED NOV 28 1956

Registration District No. 318

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

Primary Registration District No. 1003

1003

STATE FILE NUMBER

39457

10070

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CAPE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN CAPE GIRARDEAU <i>0167</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VETERANS ADMINISTRATION INSTITUTION HOSPITAL		d. STREET ADDRESS (If outside, give location) 419 S. PACIFIC	
3. NAME OF DECEASED (Type or print) First Middle Last PAUL W. HATCH		4. DATE OF DEATH NOVEMBER 4, 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/10/27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINEMAN		11. BIRTHPLACE (City and state or country) HORNERSVILLE, MO.	
13. FATHER'S NAME HUBERT HATCH		14. MOTHER'S MAIDEN NAME SUSAN SULLIVAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 491-26-6635	
17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO PNEUMONIA DUE TO (b) MONOCYTIC LEUKEMIA DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 204-2	
20c. TIME OF INJURY a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. I attended the deceased from 9/24/56 to 11/4/56 and last saw ^{XIXE} him alive on 11/4/56 Death occurred at 1:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE JULIEN BARR (Degree or title) M.D.		22b. ADDRESS VAH, St. Louis, Mo.	
22c. DATE SIGNED NOV 5 1956			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/5/56	
23c. NAME OF CEMETERY OR CREMATORY Hornersville, Mo		23d. LOCATION (City, town, or county) Hornersville, Mo (State)	
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. NOV 5 1956	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M.B.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JULIEN BARR

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 *Harry J. Schum*.....
Licensed Embalmer No. *26*

P. O. Address *5611 S. 4th*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.