THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 12 1957

STATE FILE NUMBER 24595

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3458

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp. — Length of stay in 1b 3 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
STREET ADDRESS 1217 E. 33rd (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: LORAN Middle: WILLARD Last: HATFIELD

4. DATE OF DEATH Month July Day 22 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 4, 1904
9. AGE (In years last birthday) 53 yrs. — 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) Insurance salesman
10b. KIND OF BUSINESS OR INDUSTRY Life Ins. Co.
11. BIRTHPLACE (City and state or country) Golden City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George P. Hatfield
14. MOTHER'S MAIDEN NAME Rosa M. Gardner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 441-01-0467
17. INFORMANT Glenn W. Hatfield Address K.C.Ks.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 23 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 23 days
DUE TO (c) Coronary atherosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4281
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 3, 1957, to July 22, 1957 and last saw him alive on July 21, 1957
Death occurred at 2 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Norman Makous M. D. (Degree or title)
22b. ADDRESS 4526 Paseo, K.C. Mo.
22c. DATE SIGNED 7-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 7/24/57
23c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cem.
23d. LOCATION (City, town, or county) (State) Kansas City, Ks.

24. FUNERAL DIRECTOR Geo. F. Porter & Sons ADDRESS K.C.Ks.
25. DATE RECD. BY LOCAL REG. 7-23-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Norman Makous M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.. Howard L. Porter

Licensed Embalmer No..379

P. O. Address 19th & Mi
Kansas City

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.