

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014924
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 197 Primary Registration District No. 3040 Registrar's No. 126

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Lumpkin</i>			2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Sullivan</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Chillicothe</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Osgood</i>		1050 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (H NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Sullivan's Nursing Home</i>		Length of stay in lb <i>1 1/2 yrs</i>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>HETTIE</i> Middle Last <i>HATCHER</i>			4. DATE OF DEATH Month Day Year <i>4-28-1958</i>		
5. SEX <i>fe</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Unknown Monday 1881</i>		9. AGE (In years last birthday) <i>76</i> F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Grundy Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Ruben Hatcher</i>		13b. MOTHER'S MAIDEN NAME <i>Cecie Roobin</i>		14. NAME OF HUSBAND OR WIFE <i>✓</i>	
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. <i>✓</i>	17. INFORMANT, Address <i>Uecil Hatcher Humphys Mo</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic myocarditis</i> DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) <i>Senile dementia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input 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		COUNTY	STATE
21. I attended the deceased from <i>3-21-58</i> , to <i>4-28-58</i> and last saw her ^{her} _{him} alive on <i>Dec 28-57</i> . Death occurred at <i>1240 m 4-28-58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Joseph F. Gale M.D.</i>			22b. ADDRESS <i>Chillicothe, Mo</i>		22c. DATE SIGNED <i>4-28-58</i>
23a. BURIAL, CREMATION, REPOSAL (Specify) <i>Burial</i>	23b. DATE <i>4-29-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>White Oak</i>		23d. LOCATION (City, town, or county) (State) <i>Milan Mo.</i>	
24. FUNERAL DIRECTOR <i>RK Payne Son</i>		ADDRESS <i>Salt Mo</i>	25. DATE RECD. BY LOCAL REG. <i>4 12 8 158</i>		26. REGISTRAR'S SIGNATURE <i>Francis B Neill</i>

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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 *PK Payne Jr.*

Licensed Embalmer No. *3400*

P. O. Address *Galt Mo*

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.