

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-015097
 State File No.

FILED MAY 6 1958

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3042 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>1 Hr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Route # 5</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>Eugene</u>	c. (Last) <u>Hatfield</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1958</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>June 29, 1922</u>	9. AGE (In years last birthday) <u>35</u>	10. MONTHS <u>9</u> DAYS <u>25</u> IF UNDER 1 YEAR IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Southwest Lime Co</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Weston County, Wyoming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Francis Pearl Hatfield</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl LaPorte</u>		14. NAME OF HUSBAND OR WIFE <u>Ann Hatfield</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>War # 2</u>		16. SOCIAL SECURITY NO. <u>486-24-5516</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ann Hatfield Neosho, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self Inflicted Gunshot Wound</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>in forehead</u> DUE TO (c) 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newton County Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-24-58 8:42 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot self with 22 Rifle</u>		
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:25A</u> m.; from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Barley Thompson Coroner</u>			23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>4/25/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-29-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Neosho Memorial Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo</u>
DATE REC'D BY LOCAL REG. <u>4-30-58</u>		REGISTRAR'S SIGNATURE <u>Melvin C Bowman M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home Neosho, Mo.</u>	

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

RECEIVED

District Health Officer No. *Newton*

District File Number *558-94*

Date Filed *MAY 5 1958*

MAY 2 1959

MAY 8 1958

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 _____

Gred L. Clark

Student Embalmer No. *556*

working under my personal supervision.

Student *Gred L. Clark*
Student Embalmer

Signed *R. M. Humphrey Jr.*

Licensed Embalmer No. *4908*

P. O. Address *Noel 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 this body is not embalmed, fact should be so stated above.