

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005597

STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 418

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6826 E. 12th Terr		Length of stay in lb 25 yrs	d. STREET ADDRESS 6826 E. 12th St. Terr.

3. NAME OF DECEASED (Type or print) First MIDDLE Last IDA FLORENCE HATFIELD			4. DATE OF DEATH Month Day Year 1 22 59		
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5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 5, 1884	9. AGE (In years) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Gainesville, Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Amos L. Brooks	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Chas. Lee Hatfield
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Vera Potter, 632 W. 40th, KC Mo
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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>Encephalomalacia + cerebral edema resulting from head injury</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>head injury</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <i>Fell striking head against wall in floor</i>
20c. TIME OF INJURY Hour Month, Day, Year a.m. 11-3-59 p.m.	125

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Kansas City Jackson</i>	COUNTY <i>Jackson</i>	STATE <i>Mo</i>
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 12:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

21b. SIGNATURE <i>Geo. C. Kealhofer</i>	(Degree or title)	22b. ADDRESS <i>6027 Purbit St</i>	22c. DATE SIGNED <i>1-22-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-24-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>
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24. FUNERAL DIRECTOR <i>Wagner Funeral Home, K 6 Mo</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>1-23-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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Health, Welfare and Public Service  
 300  
 -57  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 Doctor, coroner, etc.: must use only standard nomenclature  
 All diseases in Part I must be causally related.  
 Geo. C. Kealhofer

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 *Thomas A. Kasher* .....

Licensed Embalmer No. *4965* .....  
P. O. Address *60 7th* .....

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.