

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012203
STATE FILE NUMBER 74

FILED APR 15 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Knob Noster ⁵¹⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) Whiteman Air Force Base
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Oscar Leon Hatfield			4. DATE OF DEATH Month Day Year April 5, 1959		
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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 July 28, 1929	9. AGE (In years last birthday) Months Days Hours Min. 29
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10a. USUAL OCCUPATION (Give kind of work done during past year or if retired) Military Service	10b. KIND OF BUSINESS OR INDUSTRY Air Force	11. BIRTHPLACE (City and state or country) Paris, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Hatfield		13b. MOTHER'S MAIDEN NAME Laura May Bugg		14. NAME OF HUSBAND OR WIFE Barbara 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) Yes	16. SOCIAL SECURITY NO. 488-32-4340	17. INFORMANT Forrest Hatfield, Mexico, Mo.	Address
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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) Pulmonary hemorrhage		INTERVAL BETWEEN ONSET AND DEATH. 18 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bilateral Pneumothorax	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. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Automobile collision
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20c. TIME OF INJURY 12:30 a.m. 4-5-59	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.) Highway	20f. CITY, TOWN, OR LOCATION COUNTY STATE Mexico Audrain Mo.
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21. I attended the deceased from Death occurred at 6:30 PM on 4-5-59 and last saw him alive on 4-5-59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>William J. Neely, Jr.</i>	(Degree or title)	22b. ADDRESS 112 N. Clark Mexico Mo	22c. DATE SIGNED 4/6/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Elmwood	23d. LOCATION (City, town, or county) (State) Mexico, Mo.
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24. FUNERAL DIRECTOR Precht-Hueston	ADDRESS Mexico, Mo.	25. DATE RECD. BY LOCAL REG. April 7-1959	26. REGISTRAR'S SIGNATURE Blanche Neely
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diagnoses in Part I must be medically related.
W 11/11/59 M. H. G. P. M. D.

359

MA. 5

APR 28 1954

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 M. Emmons Jr*

Licensed Embalmer No. *5064*.....

P. O. Address..... *Mexico, 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.