

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013329

STATE FILE NUMBER 1873

FILED MAY 1 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1873

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Raytown</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Paul's Nursing Home</u> Length of stay in lb <u>2 MONTHS</u>		d. STREET ADDRESS (If outside, give location) <u>6107 Northern</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Ulysses Grant Hatchitt</u>			4. DATE OF DEATH Month Day Year <u>April-13-1959</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-26-1867</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS <u>92</u> Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and state or country) <u>Priney, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. F. Hatchitt</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Whitledge</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie H. Hatchitt</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Clyde Hatchitt</u> Address <u>11311 E 43rd St. K.C. Mo. 64116</u>
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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) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7d</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____ <u>491X</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <u>Jan. '59</u> to <u>12 Apr. '59</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>12 Apr. '59</u> Death occurred at <u>2:45</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>William R. Doherty M.D.</u>	22b. ADDRESS <u>2108 W. 75th St. KC 15, MO</u>	22c. DATE SIGNED <u>4-14-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4-15-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Monroe Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ludlow Missouri</u>
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24. FUNERAL DIRECTOR <u>C.H. Blackman &amp; Son Inc. K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-14-59</u>	26. REGISTRAR'S SIGNATURE <u>Neve Mitchell</u>
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MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.  
William R. Doherty, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Q 108 - W. 75<sup>th</sup>

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 *W.C. Reine* .....

Licensed Embalmer No. *4479* .....  
P. O. Address *St. M.* .....

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.

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