

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013656

STATE FILE NUMBER

HEU MAY 12 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 207

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas		b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		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 Indepence Sanitarium		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 315 S. Ferree	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					

3. NAME OF DECEASED (Type or print) Thomas W. Hatfield			4. DATE OF DEATH Month Day Year May 6, 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 March 14, 1915	9. AGE (In years last birthday) 44 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	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) Welder	10b. KIND OF BUSINESS OR INDUSTRY B.L. Raubion Company	11. BIRTHPLACE (City and state or country) Caldwell County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Roy Hatfield	13b. MOTHER'S MAIDEN NAME Maggie Lane	14. NAME OF HUSBAND OR WIFE Lida Hatfield 315 S. Ferree
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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 W. W. 2	16. SOCIAL SECURITY NO. 499-16-4366	17. INFORMANT Lida Hatfield 315 S. Ferree K. C. Kas.	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) Acute coronary thrombosis (posterior) with myocardial infarction.		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <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 Caldwell	COUNTY Mo.	STATE
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21. I attended the deceased from 5-3-59 , to 5-6-59 and last saw him alive on 5-6-59 Death occurred at 3:15 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Drs. Kravoske & Link Link, M.D.	(Degree or title)	22b. ADDRESS 10901 Winner, Independence, Mo.	22c. DATE SIGNED 5/7/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/6/59	23c. NAME OF CEMETERY OR CREMATORY Black Oak	23d. LOCATION (City, town, or county) (State) Caldwell Mo.
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24. FUNERAL DIRECTOR Stine & McClure	ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 5-6-59	26. REGISTRAR'S SIGNATURE Thomas W. Hatfield
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

3001 Y. 2116

MAY 14 1959

MAY 20 1959

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will be in office 2 till 5:12 pm.

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 *Joe B. Under*

Licensed Embalmer No. *4173*
P. O. Address *S.C. 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.