

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028832

FILED VS. SEP 14 1959 137

Primary Registration District No. 3023

Registrar's No. 232

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clinton</i>		c. CITY OR TOWN <i>Clinton</i>	
Length of stay in 1b <i>6 days</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Clinton General Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>415 South Water</i>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>MARY</i> Middle <i>ETHEL</i> Last <i>HATFIELD</i>			4. DATE OF DEATH Month <i>Sept.</i> Day <i>6</i> Year <i>1959</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-22-1904</i>	9. AGE (last birthday) <i>55</i>	IF UNDER 1 YEAR Months <i>3</i> Days <i>14</i> Hours <i>-</i> Min. <i>-</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (City and state or country) <i>Herb, App. Ark</i>		
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>Tom Loney</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Lacy</i>		
14. NAME OF HUSBAND OR WIFE <i>Deceased</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		
17. INFORMANT <i>Elma M Whitworth</i>		Address <i>Clinton Mo.</i>				

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>Coronary Nephroses - secondary to</i>			INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs -</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Accidental Burns - 3rd degree 40% body surface 5 days</i>					
DUE TO (c) <i>2nd degree 50%</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		

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.) <i>Accidental Burns</i>			
20c. TIME OF INJURY Hour <i>9-1-59</i> a.m. <i>-</i> p.m. <i>-</i>					
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>Clinton</i>		COUNTY <i>Henry Mo.</i>	STATE <i>Mo.</i>
21. I attended the deceased from <i>9-1-59</i> to <i>9-6-59</i> and last saw her <i>alive</i> on <i>9-8-59</i> Death occurred at <i>3:35 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) <i>W.D. Bradshaw, M.D.</i>			22b. ADDRESS <i>Clinton, Mo.</i>		22c. DATE SIGNED <i>9/8/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9/9/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Englewood</i>	23d. LOCATION (City, town, or county) <i>Clinton</i>		(State) <i>Mo</i>
24. FUNERAL DIRECTOR <i>SCHABERG'S</i>		ADDRESS <i>Clinton Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Sept. 11-1959</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

Ambulance & Funeral Service

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. L. Schaberg

Licensed Embalmer No. 4213

P. O. Address Clinton

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.