

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 8 1960

60-002444

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 13

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Livingston	a. STATE Missouri		b. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe	Length of stay in 1b 75 years	c. CITY OR TOWN Chillicothe	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 217 Liberia	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First LEE	Middle	Last HATFIELD	4. DATE OF DEATH	Month January	Day 26,	Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-10-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Chillicothe, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Ruben Hatfield	13b. MOTHER'S MAIDEN NAME Emma Dennis	14. NAME OF HUSBAND OR WIFE Hazel Shipley
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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. Unknown	17. INFORMANT Ammon Hatfield; Chillicothe, 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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial infarction		1-25-60
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	1-26-60
	DUE TO (c) arterio sclerotic heart disease	
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 type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m.	Month, Day, Year
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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 1-25-60 to 1-26-60 and last saw him alive on 1-26-60
Death occurred at four thirty p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. B. B. B.	(Degree or title) D.O.	22b. ADDRESS 713 Cherry Chillicothe, Mo.	22c. DATE SIGNED 1-27-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-28-60	23c. NAME OF CEMETERY OR CREMATORY Edgewood	23d. LOCATION (City, town, or county) (State) Chillicothe Missouri
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24. FUNERAL DIRECTOR Norman Funeral Home; Chillicothe, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-27-60	26. REGISTRAR'S SIGNATURE Francis B. Neel
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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 *Esther Newman*

Licensed Embalmer No. 4036

P. O. Address Chilli cothe

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.