

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

=60-018177

FILED VS MAY 31 1966

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Macon					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 3 Wks		c. CITY OR TOWN Sue City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Osteopathic			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 10 M S.E. La Plata		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) CARL IRVIN HATFIELD				4. DATE OF DEATH Month May Day 12 , Year 1960					
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-17-90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 7 Days 25	IF UNDER 24 HR Hours -- Min. --		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Painter			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Macon County Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Cynthia Carmine			14. NAME OF HUSBAND OR WIFE Blanche E. Hatfield			
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. 319-12-1548		17. INFORMANT Mrs Blanche E. Hatfield			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) anoxia DUE TO (b) Bulbar palsy DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 1 week 3 years		
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 checked="" type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year							
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	
21. I attended the deceased from 1958 to May 12 1960 and last saw him alive on May 12, 1960 Death occurred at 200 m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE W. L. Luttrell M.D.				(Degree or title)		22b. ADDRESS Kirksville Mo		22c. DATE SIGNED 5-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-14-60	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery			23d. LOCATION (City, town, or county) (State) La Plata, Mo.			
24. FUNERAL DIRECTOR Wilson Funeral Home, La Plata, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 5-24-1960		26. REGISTRAR'S SIGNATURE Doris W. Ratliff		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF MEDICAL CERTIFICATION

M. T. GUTENSOHN, D.O.

VS JUN 8 1961

STATEMENT BY LICENSED EMBALMER

0981

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 Kenneth M. Wilson

Licensed Embalmer No. H 701

P. O. Address Lab Plate

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.