

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031267

ED VS SEP 12 1960 187

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 162

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Livingston</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u> Length of stay in 1b <u>70 years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>205 Stewart</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> c. CITY OR TOWN <u>Chillicothe</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>205 Stewart</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Frank</u> Middle Last <u>Hatfield</u> <b>4. DATE OF DEATH</b> Month <u>Sept</u> Day <u>1</u> Year <u>1960</u>			<b>5. SEX</b> <u>Male</u> <b>6. COLOR OR RACE</b> <u>White</u> <b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> <b>8. DATE OF BIRTH</b> <u>5-7-1881</u> <b>9. AGE (last birthday)</b> <u>79</u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>laborer</u> <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>City</u> <b>11. BIRTHPLACE</b> (City and state or country) <u>Ray County, Mo</u> <b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>			<b>13. FATHER'S NAME</b> <u>Rueben Hatfield</u> <b>13b. MOTHER'S MAIDEN NAME</b> <u>Emma Dennis</u> <b>14. NAME OF HUSBAND OR WIFE</b> <u>Olie Shiflett</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, No or unknown) <u>No</u> (If yes, give war or dates of service) <b>16. SOCIAL SECURITY NO.</b> <u>None</u> <b>17. INFORMANT</b> <u>Chas. Hatfield</u> <u>205 Stewart Chillicothe, Mo</u>			<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Embolism</u> DUE TO (b) <u>auricular fibrillation</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. p.m.		
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ <b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____			<b>21. I attended the deceased from</b> <u>aug. 27, 1960</u> to <u>sept 1, 1960</u> and last saw <sup>her</sup> him alive on <u>Sept 1, 1960</u> Death occurred at <u>three forty five p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
<b>22a. SIGNATURE</b> (Degree or title) <u>Thomas L. Milago DO</u> <b>22b. ADDRESS</b> <u>Chillicothe Mo</u> <b>22c. DATE SIGNED</b> <u>9-2-60</u>			<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u> <b>23b. DATE</b> <u>9-3-60</u> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Edge wood</u> <b>23d. LOCATION</b> (City, town, or county) (State) <u>Chillicothe, Mo</u>		
<b>24. FUNERAL DIRECTOR</b> <u>Norman Funeral Home: Chillicothe</u> <b>ADDRESS</b> _____ <b>25. DATE RECD. BY LOCAL REG.</b> <u>sep. 2, 1960</u> <b>26. REGISTRAR'S SIGNATURE</b> <u>Annalee Taylor</u>			(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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elton Rainan

Licensed Embalmer No. 4036  
P. O. Address Chillicothe

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