

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037435

FILED VS OCT 31 1960

38

Registration District No. 3096

Registrar's No. 599

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Boone</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		Length of stay in 1b	c. CITY OR TOWN <b>Columbia</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1008 Madison Ave.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Lee Del Trailer Court</b>		
3. NAME OF DECEASED (Type or print) First <b>Sherry Lynn Hatch</b> Middle Last			4. DATE OF DEATH Month <b>23</b> Day <b>Oct</b> Year <b>60</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>27 Oct 59</b>	9. AGE (last birthday) <b>11</b> Months <b>26</b> Days IF UNDER 1 YEAR IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Columbia, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Robert S. Hatch Jr.</b>			13b. MOTHER'S MAIDEN NAME <b>Janet Love</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Robert S. Hatch Jr.</b> Address <b>Columbia, Mo. Lee Del Tr. Ct.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hydrocephalus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Meningo-myelocele</b> DUE TO (c) <b>-</b>						INTERVAL BETWEEN ONSET AND DEATH <b>since birth</b> <b>since birth</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>-</b>					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 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.) <b>-</b>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>-</b>			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.) <b>-</b>		20f. CITY, TOWN, OR LOCATION <b>-</b>		COUNTY STATE		
21. I attended the deceased from <b>27 October 1959</b> to <b>23 October 1960</b> and last saw her alive on <b>1 October 1960</b> Death occurred at <b>11:20 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>Charles Scheuber MD</b>			22b. ADDRESS <b>Columbia Missouri</b>		22c. DATE SIGNED <b>24 October 1960</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>24 Oct 60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laddoia Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Laddoia Missouri</b>		
24. FUNERAL DIRECTOR <b>Wlkey &amp; Bienhoff Laddoia, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Oct 26, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 17 1950

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed Clyde C. Wilke

Licensed Embalmer No. 382

P. O. Address Perry, 7

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.