

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031945

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

992

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Center Township		c. CITY OR TOWN Kansas City, Missouri	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4-Mile South of Highway 169 on Interstate #29		d. STREET ADDRESS 3320 Baltimore	
3. NAME OF DECEASED (Type or print) First ROBERT Middle EUGENE Last HATCHER		4. DATE OF DEATH Month September Day 30 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 26, 1942
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY Clay & Bailey Mfg. Co. Kansas City, Mo.	
11. BIRTHPLACE (City and state or country) Eureka, Springs, Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Hatcher		13b. MOTHER'S MAIDEN NAME Willie A. Furson	
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) No	
17. INFORMANT Sister		Address Mrs. Orene M. Rude-Eureka Springs, Ark.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock + broken neck.			INTERVAL BETWEEN ONSET AND DEATH at once
DUE TO (b) One car accident			at once
DUE TO (c) Striking bridge abutment			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Poor visibility due to rain			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 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.) Car struck bridge abutment	
20c. TIME OF INJURY 4:45 a.m.	Month, Day, Year Sept 30, 1961		
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.) Highway 29	
20f. CITY, TOWN, OR LOCATION Buchanan		COUNTY MO STATE	
21. I attended the deceased from viewed body and last saw her alive on Sept 30 61 Death occurred at 4:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE S. E. Melunoy M.D. - coroner		22b. ADDRESS 214 Kippatuck St Joseph 8, Mo	
22c. DATE SIGNED Sept 30 61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept 30, 1961	23c. NAME OF CEMETERY OR CREMATORY St Joseph 8, Mo	23d. LOCATION (City, town, or county) Berryville, Arkansas
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 30, 1961	26. REGISTRAR'S SIGNATURE Mrs. Clark Handell

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 BY AFFIDAVIT OF
 S. E. Melunoy, M.D. MEDICAL CERTIFICATION
 ITEM NO. SHOULD READ

OCT 11 1961

OCT 9 1961

NOV 29 1961

OCT 25 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.