

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009613
STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 4513 Registrar's No. 18

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 27 1962

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan Length of stay in 1b 50 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. C. M. Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Sullivan
c. CITY OR TOWN Milan Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Charley Eugene Hatcher
4. DATE OF DEATH Month Day Year Feb. 22, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 3/25/1902 9. AGE (last birthday) 59 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and state or country) Sullivan county, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Eli Hatcher 13b. MOTHER'S MAIDEN NAME Pearl Clark 14. NAME OF HUSBAND OR WIFE Eunice Hatcher

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. None 17. INFORMANT Eunice Hatcher Address Milan, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bacterial Lobar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 3-18-62
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia 3-12-62
DUE TO (c) cardiac insufficiency

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 2-12-62 to 2-22-62 and last saw ^{her} him alive on 2-21-62
Death occurred at 5:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. W. Simpson D.O. (Degree or title) 22b. ADDRESS Milan 22c. DATE SIGNED 2-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/23/62 23c. NAME OF CEMETERY OR CREMATORY Oakwood 23d. LOCATION (City, town, or county) (State) Milan, Missouri

24. FUNERAL DIRECTOR Schoenig Inc ADDRESS Milan, Mo 25. DATE RECD. BY LOCAL REG. 2-22-62 26. REGISTRAR'S SIGNATURE Mrs. M.W. Beckett
by Geo. W. Daves

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAR 5 1962

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 Geo. W. Daveset

Licensed Embalmer No. 4799

P. O. Address Milan, MO

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.