

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010362

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. \_\_\_\_\_ Registrar's No. 31

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10330  
20330

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**FILED MAR 26 1962**

1. PLACE OF DEATH  
a. COUNTY Dent

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Dent  
c. CITY OR TOWN Salem Inside Limits Yes  No   
d. STREET ADDRESS rt 4 (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Eberham Middle Hatcher Last \_\_\_\_\_  
4. DATE OF DEATH Month March Day 19 Year 1962

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH Mar 26-85 9. AGE (last birthday) 76 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 10b. KIND OF BUSINESS OR INDUSTRY farming 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Hatcher 13b. MOTHER'S MAIDEN NAME Net Hensley 14. NAME OF HUSBAND OR WIFE xx

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. x 17. INFORMANT Bert Hatcher Address Salem Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH neg.  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis 4 yrs.  
DUE TO (c) \_\_\_\_\_  
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 July 1957 to Nov. 1962 and last saw him alive on Feb. 7, 1962  
Death occurred at 8 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (If press or title) 22b. ADDRESS Salem, Mo. 22c. DATE SIGNED 3-21-62 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 3-21-62 23c. NAME OF CEMETERY OR CREMATORY Asher Cem 23d. LOCATION (City, town, or county) Crawford Co Mo

24. FUNERAL DIRECTOR Spencer Funeral Home Inc ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 3/21/62 26. REGISTRAR'S SIGNATURE [Signature]

**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 Carl H. D. [Signature]

Licensed Embalmer No. 2372

P. O. Address Salina, 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.