

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-033772
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 308

AMENDED

FILED OCT 9 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 911 South Prospect		d. STREET ADDRESS (If outside, give location) 911 South Prospect St.	
3. NAME OF DECEASED (Type or print) First RAYMOND Middle H. Last HATFIELD		4. DATE OF DEATH Month Sept. Day 7, Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-18-1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager		10b. KIND OF BUSINESS OR INDUSTRY Auto	9. AGE (last birthday) 58
11. BIRTHPLACE (City and state or country) Syracuse, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Howard Hatfield		13b. MOTHER'S MAIDEN NAME Mary Fisher	14. NAME OF HUSBAND OR WIFE Verna Swope Hatfield
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. Not Given	17. INFORMANT Mrs. Verna Hatfield, 911 S. Prospect St.
18. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest DUE TO (b) Tracheo-bronchial aspirator DUE TO (c) Cerebral Concussion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Immediate Immediate Immediate
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
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Fell at home striking head	
20c. TIME OF INJURY Hour 7 p.m. Month, Day, Year Sep 7, 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.) Home		20f. CITY, TOWN, OR LOCATION Sedalia Pettis Missouri	
21. I attended the deceased from Sept. 1961 to Sep 7, 1961 and last saw ^{him} him alive on Sep 2, 1961 Death occurred at 7 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE David R. Edwards M.D.		22b. ADDRESS Sedalia, Mo	22c. DATE SIGNED 4 Oct 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 9, 1961	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	23d. LOCATION (City, town, or county) (State) Sedalia, Missouri
24. FUNERAL DIRECTOR D.W. Heckart, Gillespie Funeral Home		25. DATE RECD. BY LOCAL REG. 10-6-1961	26. REGISTRAR'S SIGNATURE Frances Shelby

NOV 17 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 *W. H. [Signature]*

Licensed Embalmer No. 3470

P. O. Address Adelia, 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.