

BUREAU OF VITAL STATISTICS
FILED AUG 25 1948THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25629

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 236

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Fulton, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 13 days
 (Specify whether
 In this community Yes
 years, months or days)

3. (a) PRINT

FULL NAME Andrew J. Hathaman3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married,
divorced Widowed
 6. (c) Age of husband or wife if
alive 22 years
 7. Birth date of deceased Nov 22 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 8 17 1
 hr. min.

9. Birthplace America
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name Jim Hathaman13. Birthplace Mo
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Braedlove15. Birthplace Mo
(City, town, or county) (State or foreign country)16. (a) Informant Hospital records(b) Address Columbia, Mo17. (a) Removal (b) Date thereof 8-10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Columbia, Mo18. (c) Signature of funeral director Parsons Fun. Co(b) Address Columbia, Mo19. (a) Aug-16-1948 (b) Joe Morawski
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
 year 1948 hour 3:30 minute am

21. I hereby certify that I attended the deceased from July 27-48
Aug 9, 1948, 19 to 19

that I last saw him alive on Aug. 8, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Cardiac decompensation

Preterousary Emphysema

Due to

Other conditions AD
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy Cardiac infarction,
coronary thrombosis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

Signature MJ Miller (M. D. or other)Address Fulton, Mo Date signed 8-9-48

RECEIVED
District Health Officer No. 9
District File Number
AUG 23 1968
Date Filed

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

M. J. Phillips

Licensed Embalmer No.

3893

P. O. Address.

Columbia

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 this body is not embalmed, fact should be so stated above.