

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14903**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 561

11
1
7

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u> 11	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> 2		c. LENGTH OF STAY (in this place) township) <u>2 mo - 5 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Rural</u> 0		d. STREET ADDRESS (If rural, give location) <u>Rural - R.R. # 4</u> 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>		3. NAME OF DECEASED a. (First) <u>Simeon</u> b. (Middle) <u>FRANK</u> c. (Last) <u>Hathaway</u>	
4. DATE OF DEATH <u>May. 12 - 1949</u>		5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> 2	
8. DATE OF BIRTH <u>March. 10 1867</u>		9. AGE (in years last birthday) <u>82</u> IF UNDER 1 YEAR Days <u>1</u> IF UNDER 11 HRS. Min. <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Thormaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Shop</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u> 0		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William F. Hathaway</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Diemiller</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown - Eva Wines</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank P. Hathaway</u> ADDRESS <u>St. Joe. Mo. R.R. # 4</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension and arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Feb 18, 1949</u> , to <u>May 12, 1949</u> , that I last saw the deceased alive on <u>May 12, 1949</u> , and that death occurred at <u>1:30 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u> 0		23b. ADDRESS <u>State Hospital # 2</u> 23c. DATE SIGNED <u>5/12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/16/1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 20, 1949</u>		REGISTRAR'S SIGNATURE <u>H. B. Jenkins</u> 382	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Heston Bowman</u>		ADDRESS <u>St. Joseph, Mo.</u>	

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
Student Embalmer

Signed

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 50th St. Joseph*

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.