

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10409  
State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 428

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>RURAL FULTON, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. West FULTON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u>		b. (Middle) <u>Lee</u>	
c. (Last) <u>JATHO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31. 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>AUG. 13, 1933</u>
9. AGE (In years last birthday) <u>16</u>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>4 18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Boy</u>	
11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Y. JATHO</u>		13b. MOTHER'S MAIDEN NAME <u>LENORA DAY</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>493-34-1303</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Y. Jatho</u>		ADDRESS <u>R.F.D. #6, FULTON, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Died of myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH. <u>1 hour</u>	
ANTECEDENT CAUSES <u>antecedent</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT <u>SUBDUE HOMICIDE</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Twp. Callaway MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Dec 31 1949 2:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Antecedent overtaken</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. Lawrence</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Fulton, Missouri</u>	
23c. DATE SIGNED <u>1/31/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/1/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 31 - 1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Maryin Funeral Home</u>		ADDRESS <u>Fulton, Mo.</u>	

(Licensed Embalmer's Statement (on Reverse Side))

RECEIVED JAN 4 1950  
District Health Officer No. 9,  
District File Number

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 Walter J Harris

Licensed Embalmer No. 4557

P. O. Address Fulley Me

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.