No. 300
10.48

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

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22812

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 799

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfax 5030
d. STREET ADDRESS (If rural, give location): ——— 1

3. NAME OF DECEASED (Type or Print)
a. (First): May
b. (Middle): ———
c. (Last): Hathhorn

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1950

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: May 19, 1897
9. AGE (In years last birthday): 53 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Blackburn England 4
12. CITIZEN OF WHAT COUNTRY?: England

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Henry Hathhorn-Fairfax, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mr. Henry Hathhorn - Fairfax, Missouri

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right cardiac ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Pulmonary Atelectasis — 1 day

DUE TO (c) — 15 mo X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of Esophagus — 2 months.

19a. DATE OF OPERATION: June 28 1950
19b. MAJOR FINDINGS OF OPERATION: Papillary Carcinoma of Esophagus
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 23, 1950, *to* June 30, 1950, *that I last saw the deceased alive on* June 30, 1950, *and that death occurred at* 1:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John R. McDaniel (Degree or title) OMD
23b. ADDRESS: 902 Edmond St. St Joseph, Mo
23c. DATE SIGNED: 6-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 30, 1950
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Fairfax, Missouri

DATE REC'D BY LOCAL REG.: July 10, 1950
REGISTRAR'S SIGNATURE: 382 E. L. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Stamey Funeral Home — Stamey Funeral Home-St. Joseph, Missouri

(Licensed Embalmer's Statement on Reverse Side)

AUG 4 1950

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address 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.