

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9645

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

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>PULASKI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u> 0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hannah Route</u>		d. STREET ADDRESS (If rural, give location) <u>HANNAH ROUTE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u> b. (Middle) <u>Hathaway</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 19-1875</u>
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph operator</u>	11. BIRTHPLACE (State or foreign country) <u>Merchfield MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fisco. Retired</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Robert Hathaway</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Lanora Hathaway</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-03-9681</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lanora Hathaway Richland</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>Cardiac Decompensation</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular Heart Disease</u> 15 yrs DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4214</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		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>Nov 1950</u> , to <u>March 14 1951</u> , that I last saw the deceased alive on <u>March 14 1951</u> , and that death occurred at <u>4:30pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul C.O. Book M.D.</u>		23b. ADDRESS <u>Richland, Mo</u>	
23c. DATE SIGNED <u>Mar 21/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/18/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Richland MO</u>	
DATE REC'D BY LOCAL REG. <u>3-23-51</u>		REGISTRAR'S SIGNATURE <u>Walter C. Buckner</u> 1389	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter C. Buckner</u>		ADDRESS <u>Richland</u>	

Date Filed 3-23-51
File Number

Pulaski County Health Officer

RECEIVED 3-23-51

APR 10 1951

JAN 8 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. B. Jeepe

Signed.....
Student Embalmer

Licensed Embalmer No. 3198

P. O. Address *Richland 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 this body is not embalmed, fact should be so stated above.