

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13432

BIRTH NO. _____		REG. DIST. NO. <u>2164</u>		PRIMARY REG. DIST. NO. <u>5887</u>		Registrar's No. <u>13</u>			
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ozark</u>					
b. CITY OR TOWN <u>Bakersfield - Bayview - Monticello</u>				c. CITY OR TOWN <u>Bakersfield - Rural - Bayview</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Co - Bayview Hosp</u>				d. STREET ADDRESS <u>Ozark Co - Mo - Bayview Hosp</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>HATHCOCK</u>				4. DATE OF DEATH (Month) <u>4</u> (Day) <u>15</u> (Year) <u>1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec-28-1870</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ozark Co - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joshua Hathcock</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Hollis</u>		14. NAME OF HUSBAND OR WIFE <u>Leta Hathcock</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Leticia Huse - Hardenville Mo</u> ADDRESS _____					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Cerebral</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis general</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 _____				MEDICAL CERTIFICATION  19b. MAJOR FINDINGS OF OPERATION  <u>334X</u>				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) _____ m. _____		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>3-5</u> , 19 <u>50</u> , to <u>4-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-14</u> , 19 <u>51</u> , and that death occurred at <u>7:30</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Deborah Doan M.D.</u>				23b. ADDRESS <u>Bakersfield, Mo.</u>		23c. DATE SIGNED <u>4-23-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Spring Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ozark Co - Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-26-51</u>		REGISTRAR'S SIGNATURE <u>William Cogwell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shunk &amp; Sons</u>		ADDRESS <u>Hardenville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAY 3 1951

Dist. File 551-962

Date Filed 5-5-51

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.....  
Student Embalmer

Signed

Chester A. Rooy

Licensed Embalmer No. 8 3084

P. O. Address Gainesville, 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.