

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

S. No. 300
v. 10.48

FILED OCT 31 1952

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4482 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greensburg</u>	
c. LENGTH OF STAY (In this place) <u>19 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED a. (First) <u>GAY</u> b. (Middle) <u>B.</u> c. (Last) <u>HATHAWAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 19 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>Mar 24 1875</u>
9. AGE (In years last birthday) <u>77</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Knox Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE _____	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>James Matticks</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Helen Williams</u>	14. NAME OF HUSBAND OR WIFE <u>William F. Hathaway</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fred Shalley</u> ADDRESS <u>Memphis Mo.</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, asphyxia, 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>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 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) (Min) _____	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>June 10, 1951</u> , to <u>Sept 19, 1952</u> , that I last saw the deceased alive on <u>Sept 19, 1952</u> , and that death occurred at <u>11 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. E. Lowe D.O.</u> (Degree or title)		23b. ADDRESS <u>Memphis, Mo.</u>	23c. DATE SIGNED <u>10-28-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 21 1952</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Fat Donaldson</u>	24d. LOCATION (City, town, or county) (State) <u>Scotland Co Mo</u>
DATE REC'D BY LOCAL REG. <u>10-29-52</u>	REGISTRAR'S SIGNATURE <u>Vera G. Turner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertha Roskitt</u> ADDRESS <u>Memphis Mo</u>	

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

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 Albert E. Gerth

Licensed Embalmer No. 42 57

P. O. Address Memphis 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.