

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43037**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2928**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY [REDACTED]	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koch, Mo.		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 476 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital		e. STREET ADDRESS (If rural, give location) 3942 Olive St.	

3. NAME OF DECEASED (Type or Print) a. (First) Willis b. (Middle) (none) c. (Last) Hathaway			4. DATE OF DEATH (Month) (Day) (Year) Dec. 5 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	
8. DATE OF BIRTH Oct. 27, 1876		9. AGE (In years last birthday) Months Days Hours Min. 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	
10b. KIND OF BUSINESS OR INDUSTRY Labor (unk)		11. BIRTHPLACE (City and State or Foreign Country) Perrysville, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ascher Hathaway		13b. MOTHER'S MAIDEN NAME Martha Clifton		14. NAME OF HUSBAND OR WIFE Mary Tinney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records Koch Hospital, Koch, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
ANTECEDENT CAUSES Morbid 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 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 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) 002X	
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 **8-16**, 19**53**, to **12-5**, 19**54**, that I last saw the deceased alive on **12-5**, 19**54**, and that death occurred at **11:30 a.m.** from the causes and on the date stated above.

23a. SIGNATURE H.A. Harris (Degree or title) MD		23b. ADDRESS Koch Hospital, Koch, Mo		23c. DATE SIGNED 12-6-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC-10-54		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
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DATE REC'D BY LOCAL REG. 12-8-54		REGISTRAR'S SIGNATURE Norbert R. Donohue, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Kelly 4386 Lindell	
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.