

11531

STANDARD CERTIFICATE OF DEATH

FILED MAY 9 1955

State File No.

No. 300
10-48

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

BIRTH NO. _____ REG. DIST. NO. 124 PRIMARY REG. DIST. NO. 4197 Registrar's No. 5-7

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry, Mo.</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>West 3rd. St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Tolbert</u> b. (Middle) <u>Bishop</u> c. (Last) <u>Hathaway</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1955</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>Oct 28 1904</u>
9. AGE (In years last birthday) <u>50</u>		10. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Stanberry, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet metal worker</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Silvanus Delbert Hathaway</u>		13b. MOTHER'S MAIDEN NAME <u>Dolly Hawkins</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Helen Hathaway</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	
16. SOCIAL SECURITY NO. <u>491-22-6538</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Hathaway</u> ADDRESS <u>Stanberry 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163X</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>3-11</u> , 19 <u>55</u> , to <u>5-3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-3</u> , 19 <u>55</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Clifford L. Barlin M.D.</u>		23b. ADDRESS <u>Stanberry, Mo.</u>	
23c. DATE SIGNED <u>5-5-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5/5 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fatoy F. Kullix</u> ADDRESS <u>Stanberry</u>	
DATE REC'D BY LOCAL REG. <u>May 5 5-5</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u> ADDRESS <u>462</u>	

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 _____

John F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonham, Me

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.