

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300

10.48

FILED JAN 23 1956

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Centre</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia Mo</u>		c. LENGTH OF STAY (In this place) <u>28 days</u>	c. CITY OR TOWN <u>Stanberry</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>307 West 3rd 0381</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Gene</u> c. (Last) <u>Hatheway</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 14 '56</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-30-46</u>		9. AGE (In years last birthday) <u>9</u> Months <u>1</u> Days <u>14</u> If UNDER 1 YEAR Hours <u> </u> Min. <u> </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 (City and State or Foreign Country) <u>Stanberry Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Talbert Hatheway</u>		13b. MOTHER'S MAIDEN NAME <u>Helen</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lymphosarcoma - GENERALIZED</u>	ANTECEDENT CAUSES <u>ASPIRATION PNEUMONIA</u>				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2001</u>				
	DUE TO (c) <u>2001</u>				
II. OTHER SIGNIFICANT CONDITIONS <u>BILATERAL PLEURAL EFFUSION</u>					
19a. DATE OF OPERATION <u>1-5-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Biopsy (L) knee FOR TUMOR</u>				20. AUTOPSY? YES <input checked="" 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) (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>1-3</u> , 19 <u>56</u> , to <u>1-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-14-56</u> , 19 <u>56</u> and that death occurred at <u>3:45</u> P.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>George O Robertson MD</u>			23b. ADDRESS <u>20 FACULTY LANE St Louis</u>		23c. DATE SIGNED <u>1-14-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-16-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGH RIDGE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>STANBERRY, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan 15 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. R E Palmer</u> <u>310</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker Funeral Service Columbia Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 *Jan Phillips*

Licensed Embalmer No. *489*
P. O. Address *Columbus*

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.