

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28504

FILED AUG 24 1956

State File No. 28504
Registrar's No. 6757

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

2009
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Tennessee</u> b. COUNTY <u>Shelby</u>		
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>15 days</u>	c. CITY OR TOWN <u>Jackson</u>		d. 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>Mo. Pac. Emp Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>223 East View St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>REUBEN</u>		b. (Middle) <u>Jackson</u>	c. (Last) <u>Hathorn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 17-1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 5-1896</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>9 UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>AMELIA Hathorn</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>525-09-5918</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MO: PACIFIC Hospital RECORDS</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Right Mandible</u>		DUE TO (b) <u>Cardiac Arrest</u>			<u>3 MO.</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.		DUE TO (c) <u>Anoxic Encephalopathy</u>			<u>7-13-56</u>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>7-13-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Developed Cardiac Arrest 7-13-56</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>196x</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>			
22. I hereby certify that I attended the deceased from <u>July 2</u> , 19 <u>56</u> , to <u>July 17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 17</u> , 19 <u>56</u> , and that death occurred at <u>10:15 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Deceased or title) <u>Joseph A. Lembach M.D.</u>			23b. ADDRESS <u>1755 S. Howard</u>		23c. DATE SIGNED <u>7-18-56</u>
24a. BURIAL, CREMA TION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>7-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jackson</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Tenn</u>		
DATE REC'D BY LOCAL REG. <u>JUL 19 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm L. Seal 164303 Delmar</u>	

AUG 24 1956

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.....
Leroy H. Brown

Licensed Embalmer No. *452*

P. O. Address *3880 East*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.