

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16732
STATE FILE NUMBER

FILED MAY 20 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 446

Health,
& Welfare
Public
Service

5. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD 0396	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 418 E. Central		d. STREET ADDRESS (If outside, give location) 418 E. Central	
Length of stay in 1b 10 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GAETANNO Middle MONTELLO Last HATHAWAY		4. DATE OF DEATH Month May Day 9 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 10, 1876
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail carrier		9b. AGE (In years last birthday) 80	
10b. KIND OF BUSINESS OR INDUSTRY Postal Service		11. BIRTHPLACE (City and state or country) Illinois	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
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. Unknown	
17. INFORMANT Mrs. Coralea Hathaway		Address Central 418 E.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4-11-57 to 4-16-57 and last saw her him alive on 5-9-57 Death occurred at 10:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. Dean Cunningham (Doctor or Attending Physician)		22b. ADDRESS Springfield Medical Bldg. Springfield, Mo.	
22c. DATE SIGNED 5/11/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/11/57	
23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		23d. LOCATION (City, town, or county) (State) Springfield, Missouri	
24. FUNERAL DIRECTOR AYRE-GOODWIN, Inc. Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 5-15-57	
26. REGISTRAR'S SIGNATURE Edna Williamson			

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1957

SEP 10 1958

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 *Lucian T. Swadlow*

Licensed Embalmer No. 4819

P. O. Address *Springfield*

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.