

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-020019**

**FILED VS MAY 19 1960**

385 Primary Registration District No. 3039 Registrar's No. 124

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marceline</b>	Length of stay in 1b <b>9 yrs.</b>	c. CITY OR TOWN <b>Marceline</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>515 W. Lake</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>515 W. Lake</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Elmer LeRoy Hathaway</b>			4. DATE OF DEATH Month Day Year <b>5 15 1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/12/1891</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>3</b>	IF UNDER 24 HR Hours <b>3</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Civil Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Santa Fe R.R. Co</b>	11. BIRTHPLACE (City and state or country) <b>Newburyport, Mass</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Benjamin</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Ordway</b>		14. NAME OF HUSBAND OR WIFE <b>Marie</b>		

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. <b>709-18-7768</b>	17. INFORMANT Address <b>Jane E. Haven Wilmington, Delaware</b>			
--	---	--	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Cardiovascular Disease</b>	INTERVAL BETWEEN ONSET AND DEATH
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) <b>Auricular Fibrillation</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
--	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____	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 **1950** to **5-15-66** and last saw her/him alive on **5-11-60**  
Death occurred at **12:100** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>John Hathaway</b>		22b. ADDRESS <b>Marceline, Mo</b>		22c. DATE SIGNED <b>5-16-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	23b. DATE <b>5/19/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Paek</b>	23d. LOCATION (City, town, or county) (State) <b>Lawrence, Kans.</b>		

24. FUNERAL DIRECTOR ADDRESS <b>James M Laughlin Marceline, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>5-17-60</b>	26. REGISTRAR'S SIGNATURE <b>Barbara Owens</b>		
---	--	--	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 6 1960

STATEMENT BY LICENSED EMBALMER

MAY 24 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gerald I Wade

Licensed Embalmer No. 4172

P. O. Address Brown

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.