

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023546

FILED VS. JUL 12 1960 157

Primary Registration District No. 3028 Registrar's No. 149

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jasper</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carthage</b>		Length of stay in lb <b>1 Week</b>		c. CITY OR TOWN <b>Carthage</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McCune Brooks Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route # 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Rena</b> Middle <b>Maud</b> Last <b>Hathcock</b>				4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1960</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</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>7-14-1889</b>	9. AGE (last birthday) <b>70</b>			IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Ped Elswick</b>			13b. MOTHER'S MAIDEN NAME <b>Unk.</b>			14. NAME OF HUSBAND OR WIFE <b>John Hathcock</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>John Hathcock, Route # 1 Carthage</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>Acute coronary occlusion</b> <b>Chronic myocarditis</b>								INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b>		
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <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 <b>6:05</b> a.m. p.m. Month, Day, Year <b>June 60</b>		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 <b>Carthage, Mo.</b>		COUNTY STATE		
21. I attended the deceased from <b>27 June 60</b> to <b>July 4, 1960</b> and last saw her <b>him</b> alive on <b>3 July 60</b> Death occurred at <b>6:05 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <b>T. Holford</b> (Doctor or title) <b>M. D.</b>					22b. ADDRESS <b>Carthage, Mo.</b>			22c. DATE SIGNED <b>5 July 60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-7-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>			23d. LOCATION (City, town, or county) <b>Carthage, Mo.</b>				
24. FUNERAL DIRECTOR <b>Ulmer Funeral Home, Carthage, Mo.</b>				ADDRESS <b>7-7-60</b>		25. DATE RECD. BY LOCAL REG. <b>7-7-60</b>		26. REGISTRAR'S SIGNATURE <b>Elly Clenton</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Melvin C. Garrett, Student Embalmer No. 603

working under my personal supervision.

Student Melvin C. Garrett  
Signature of Student Embalmer

Signed Edwin G. Shme

Licensed Embalmer No. 495

P. O. Address Carters

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.