

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041074

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 1002 Registrar's No. 5522

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 25 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6600 BROADMOOR ROAD		d. STREET ADDRESS (If outside, give location) 6600 BROADMOOR ROAD	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) OLIVER CHANNING HATHWAY			4. DATE OF DEATH Month NOVEMBER Day 4 Year 1961		
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 10/14/89		9. AGE (last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HR Hours _____ Min. _____					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AGENT		10b. KIND OF BUSINESS OR INDUSTRY UNITED STATES INTERNAL REVENUE		11. BIRTHPLACE (City and state or country) ST. JOSEPH, MISSOURI, U. S. A.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME HENRY C. HATHWAY		13b. MOTHER'S MAIDEN NAME EMILY MORGAN	
14. NAME OF HUSBAND OR WIFE MRS. MABEL E. HATHWAY		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. 6600 BROADMOOR RD KANSAS CITY, MO.	
17. INFORMANT MABEL E. HATHWAY					

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5 years.	
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"/> No <input type="checkbox"/> Unknown		
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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 _____ 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 Aug. 1959 to Nov 4, 1961 and last saw ^{her} him alive on Nov 3, 1961		Death occurred at 8:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Harold W. Voth, M.D. (Degree or title)		22b. ADDRESS 201 Plaza Mod. Bldg. Kansas City, Mo		22c. DATE SIGNED Nov 4, 1961 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE NOV. 6, 1961		23c. NAME OF CEMETERY OR CREMATOR MEMORIAL PARK CEMETERY ST. JOSEPH MISSOURI	

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-4-61		26. REGISTRAR'S SIGNATURE Ruth Long	
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Harold W. Voth

SHOULD READ

ITEM NO.

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 Raymond M. Har

Licensed Embalmer No. 4913

P. O. Address Indep., Mo

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.