

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29221

No. 300
10.48

FILED OCT 14 1949

State File No. 73

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

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BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4024</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cassville</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cassville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>405 Gravel St. 1</u>				d. STREET ADDRESS (If rural, give location) <u>405 Gravel St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Calvin</u>			b. (Middle) <u>Henry</u>		c. (Last) <u>Hadley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 3, 1949</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 25, 1876</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Collector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Official</u>		11. BIRTHPLACE (State or foreign country) <u>Barry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Everhart Hadley</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Hadley</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen Idena Hadley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Idena Hadley, Cassville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) <u>Cardiac asthma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2007</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-17</u> , 19 <u>49</u> , to <u>10-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>49</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. C. Koon</u> (Degree or title)				23b. ADDRESS <u>Cassville</u>		23c. DATE SIGNED <u>10/8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cassville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Oct 8-1949</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Koon</u>		ADDRESS <u>Cassville, Mo.</u>	

RECEIVED OCT 10 1949

District Health Office No. A,

District File Number 1049-1096

Date filed 10-11-49

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

Student Embalmer

Signed W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.