

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33288

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4114 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission.) a. STATE <b>Mo</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mendon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mendon</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Vernon</b> b. (Middle) <b>B.</b> c. (Last) <b>Hoadley</b>			4. DATE OF DEATH Month <b>Oct</b> Day <b>23</b> Year <b>1949</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 7-1872</b>
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Greenfield Iowa</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer-retired</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Albert Hoadley</b>		13b. MOTHER'S M maiden name <b>Gertrude Tenbrook</b>	14. NAME OF HUSBAND OR WIFE
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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hurley Atterbury Mendon Mo</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of intestines</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastasis from facial Carcinoma</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Sembling</b>	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <b>Two yr</b>	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Mendon (Chariton) Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <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 <b>July</b> , 1949, to <b>Oct 23rd</b> , 1949, that I last saw the deceased alive on <b>Oct 22</b> , 1949, and that death occurred at <b>1:45 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>U. G. Buck M.D.</b>		23b. ADDRESS <b>Rothville Mo.</b>	
23c. DATE SIGNED <b>10/25/49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>10/25/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mendon</b>	
24d. LOCATION (City, town, or county) (State) <b>Mendon Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mildred Boone Shepherd Mendon Mo</b>	
DATE REC'D BY LOCAL REG. <b>10/25/49</b>		REGISTRAR'S SIGNATURE <b>56</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 31

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-4-49

SEP 20 1950

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 \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*S. L. Lipard*

Licensed Embalmer No. 3980

P. O. Address Mendon 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.