

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34712

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 597 Registrar's No. 148

84

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

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Marion Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Marion Twp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10</u>		<u>5 miles West of Bolivar.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Effie</u>	b. (Middle)	c. (Last) <u>Hadlock</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Nov. 2 1949</u>

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Nov. 22, 1870</u>	9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR Months	# UNDER 2 HRS. Hours	# UNDER 2 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife & farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Polk County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Green Hadlock</u>	13b. MOTHER'S MAIDEN NAME <u>Mariah Gunn</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eleanor Hadlock</u>	ADDRESS <u>Bolivar, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Generalized arteriosclerosis</u> DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1948, to Nov 2, 1949 that I last saw the deceased alive on Nov 1, 1949, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dorothy C. McCann</u> (Degree or title) <u>no</u>	23b. ADDRESS <u>Bolivar, Mo.</u>	23c. DATE SIGNED <u>Nov. 2, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bolivar Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 3, 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Turnpin Funeral Home</u>	ADDRESS <u>Bolivar, Mo.</u>
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RECEIVED

District Health Officer No.

District File Number 10-49-6

Date Filed 11-8-49

JUL 23 1949

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 _____

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.