

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH8416
State File No.

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowry City</u>		0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West OSTEOPATHIC Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>S. W. section of town</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN</u>		b. (Middle) <u>HADLEY</u>		c. (Last) <u>HADLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1950</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>May 11 1867</u>		9. AGE (In years last birthday) <u>82</u> If UNDER 1 YEAR Months <u>10</u> Days <u>15</u> If UNDER 12 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newspaper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Editor & Owner</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson Co., Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Milton Hadley</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie P. Hadley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Hadley Lowry City, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia - Hypostatic</u> INTERVAL BETWEEN ONSET AND DEATH <u>490X</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Fracture of left patella 2 weeks previous</u> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Lowry City</u>		21d. HOW DID INJURY OCCUR? <u>fall on knee</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-15-1950 2 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall on knee</u>			
22. I hereby certify that I attended the deceased from <u>MAR 15</u> , 19 <u>50</u> , to <u>MAR 26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>MAR 26 1950</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Miss W. W. W.</u>		23b. ADDRESS <u>105 E Ohio Clinton Mo.</u>		23c. DATE SIGNED <u>3-29-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lowry City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lowry City, Missouri</u>	
DATE REC'D BY LOCAL REG <u>Mar 24 50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lowry City, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 3-51

Date Filed 4-3-51

FEB 17 1951

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. 4510

P. O. Address Clinton 7th

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.