

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2111  
Registrar's No. 7

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5945

1. PLACE OF DEATH  
a. COUNTY Phelps  
b. CITY OR TOWN St. James, Rural  
c. LENGTH OF STAY 10 mo.  
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Moniteau  
c. CITY OR TOWN St. James (California) 0687  
d. STREET ADDRESS Rurak -- No. Billcoo Township

3. NAME OF DECEASED (Type or Print) a. (First) Tom b. (Middle) Hadley c. (Last) Hadley  
4. DATE OF DEATH (Month) (Day) (Year) 2 - 7 - 51

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed  
8. DATE OF BIRTH July 8, 1876 9. AGE (In years last birthday) 74 yrs

10a. USUAL OCCUPATION Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No. 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME E. B. Sullivan ADDRESS Clarksburg, Mo.

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
ANTECEDENT CAUSES (b) Hypertension (c) DUE TO (c) Pneumonia (Pneumonia)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 2 years 3 3/4 1 day

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 13, 1950, to February 7, 1951, that I last saw the deceased alive on February 7, 1951, and that death occurred at St. James, from the causes and on the date stated above.

23a. SIGNATURE W. J. Hammler, M.D. (Degree or title) 23b. ADDRESS St. James, Mo 23c. DATE SIGNED 2-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-9-51 24c. NAME OF CEMETERY OR CREMATORY Tipton Cem 24d. LOCATION (City, town, or county) (State) Tipton, Missouri

DATE REC'D BY LOCAL REG. Feb-9-51 REGISTRAR'S SIGNATURE Cora C. Birmingham FUNERAL DIRECTOR'S SIGNATURE Michael Ferndale Home ADDRESS Tipton, Mo

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

RECEIVED

Phelps County Health Officer,

County File Number

Date 2/13/51

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

Jake Nelson

working under my personal supervision.

Student Embalmer No. #386

Signed Jake Nelson  
Student Embalmer

Signed Orrel E. Seckelster

Licensed Embalmer No. 3566

P. O. Address St James 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.