

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35607

State File No. _____

FILED OCT 19 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 956

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD MO 1 WP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAPTIST HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1120</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>JESSE</u> c. (Last) <u>HARTLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 11 1953</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>MAR 29 1876</u>
9. AGE (In years) (last birthday) <u>77</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>MARSHFIELD MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ROBERT HARTLEY</u>		13b. MOTHER'S MAIDEN NAME <u>JANE MURRELL TENNESSEE HARTLEY</u>	
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) <u>NO</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. J. HARTLEY, MARSHFIELD</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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Vascular Disease</u> 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 checked="" type="checkbox"/>		331X	
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 <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>10-4-53</u> , 19 <u>53</u> , to <u>10-11-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-11-53</u> , 19 <u>53</u> , and that death occurred at <u>2:27 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. J. Peterson M.D.</u>		23b. ADDRESS <u>500 N. Wall St. Old Springfield, Mo.</u>	
23c. DATE SIGNED <u>10-15-53</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24a. DATE <u>10-13-1953</u>	24b. NAME OF CEMETERY OR CREMATORY <u>TIMBER RIDGE WEBSTER CO MO</u>	24c. LOCATION (City, town, or county) (State) _____	
24d. DATE REC'D BY LOCAL REG. <u>10-16-53</u>	24e. REGISTRAR'S SIGNATURE <u>Evelyn Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BARBER-BARTO MARSHFIELD</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Rev. Bank

Licensed Embalmer No. 3848

P. O. Address W. H. Stone

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.