

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1748**

BIRTH FILED **FEB 11 1954** REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Carthage, Mo.		c. CITY OR TOWN Carthage, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 51 Yr.		e. STREET ADDRESS (If rural, give location) 1233 Jersey St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1233 Jersey St.		04930	

3. NAME OF DECEASED (Type or Print) Walter Monroe Hartley	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb 3, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 18, 1890	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 3 Days 7	IF UNDER 24 HRS. Hours 3 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steadley Bedspring	10b. KIND OF BUSINESS OR INDUSTRY Bedspring Co.	11. BIRTHPLACE (City and State or Foreign Country) Cedar Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Richard D. Hartley	13b. MOTHER'S MAIDEN NAME Mandy E. McCury	14. NAME OF HUSBAND OR WIFE Ruth Hanna Dintaman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.#1	16. SOCIAL SECURITY NO. 493-16-6622	17. INFORMANT'S SIGNATURE OR NAME Mrs. W.M. Hartley	17. ADDRESS Carthage, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Naso-pharynx		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause & stating the underlying cause last. DUE TO (b) with generalized metastasis		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		140X	

19a. DATE OF OPERATION Aug 7, 53	19b. MAJOR FINDINGS OF OPERATION Biopsy - Metastatic Carcinoma	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE none	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) none	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 **Aug 7, 1953**, to **Feb 3, 1954**, that I last saw the deceased alive on **Feb 1, 1954**, and that death occurred at **10:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Wood M.D.	(Degree or Title)	23b. ADDRESS Carthage Mo	23c. DATE SIGNED 2-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-6-1954	24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	24d. LOCATION (City, town, or county) (State) Jasper County, Missouri
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DATE REC'D BY LOCAL REG. 2-6-54	REGISTRAR'S SIGNATURE Lloyd B. Clinton M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home	ADDRESS Carthage, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 10 1954
Jasper County Health Office
County File Number 54-2-114
Date Filed FEB 10 1954

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,
Signature of Student Embalmer

Signed William B. Lane

Licensed Embalmer No. 48

P. O. Address Carters

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.