

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5821**

FILED FEB 18 1954 REC. DIST. NO. **305** PRIMARY REG. DIST. NO. **6042** Registrar's No. **7**

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Illinois COUNTY St. Clair	
b. CITY OR TOWN Cuivre Twn. R. 0th Fall		c. CITY OR TOWN Scott Air Force Base	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 411a Ware Ave Baty Lewis Acres 3120 8	

3. NAME OF DECEASED (Type or Print)	a. (First) Neil	b. (Middle) Avery	c. (Last) Hadley	4. DATE OF DEATH (Month) (Day) (Year) 2 4 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 4/18/1930	9. AGE (In years last birthday) 23	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pilot	10b. KIND OF BUSINESS OR INDUSTRY U S Air Force	11. BIRTHPLACE (City and State or Foreign Country) Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Hadley	13b. MOTHER'S MAIDEN NAME Lillie Clara Mortensen	14. NAME OF HUSBAND OR WIFE - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	If yes, give war or dates of service 1/10/51 to death	16. SOCIAL SECURITY NO. 478-30-2740	17. INFORMANT'S SIGNATURE OR NAME R. P. Ackerman	ADDRESS Belleville, Ill.
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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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Air plane accident DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E860 x 39	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) St. Charles (COUNTY) MO (STATE) 092
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 4, 54 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? By plane falling
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Marion M. ... (Degree or title)	23b. ADDRESS Belleville, Ill.	23c. DATE SIGNED Feb 6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Belleville, Ill.
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DATE REC'D BY LOCAL REC. Feb 16/1954	REGISTRAR'S SIGNATURE Marion F. ...	25. FUNERAL DIRECTOR'S SIGNATURE ... ADDRESS Belleville, Ill.
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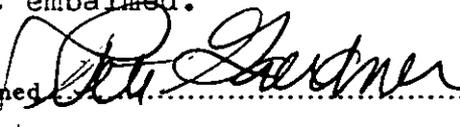
MAR 24 1954

MAR 30 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision.. Body not embalmed.

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.