

FILED OCT 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32846  
REG. DIST. NO. 359 359 PRIMARY REG. DIST. NO. 6221 Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Montevallo</b>		c. LENGTH OF STAY (in this place) <b>15 years</b>	c. CITY OR TOWN <b>Montevallo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Milo R.D.F. # 1</b>		e. STREET ADDRESS (If rural, give location) <b>R.R. # 1 Milo, Missouri</b>	
3. NAME OF DECEASED a. (First) <b>Joseph</b> b. (Middle) c. (Last) <b>Hadley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 4, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 6, 1879</b>
9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Charles Hadley</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah E. Bell Huitt</b>	
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) <b>No</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Vola Winters R.R. #1 Milo, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>Arteriosclerosis</b> 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 <b>331 X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 <b>Sept 30, 1954</b> , to <b>Oct 4, 1954</b> , that I last saw the deceased alive on <b>Oct 4, 1954</b> , and that death occurred at <b>1:00 pm.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Sheldon M. W.</b>		23b. ADDRESS <b>Sheldon M. W.</b>	
23c. DATE SIGNED <b>10-9-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <b>Virgil City Cemetery Virgil City, Mo.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Eichinger Funeral Home Nevada, Mo.</b>	
DATE REC'D BY LOCAL REG <b>Oct 9 1954</b>		REGISTRAR'S SIGNATURE <b>Mrs Ruth Faith</b>	

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. 502 working under my personal supervision..

Student Francis Coe Marsh  
Signature of Student Embalmer

Signed Rory F. Walster  
Licensed Embalmer No. 4803

P. O. Address Nevada

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.