

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40240**  
**46**

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>3007</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Poplar Bluff</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp.</b>				STREET ADDRESS (If rural, give location) <b>744 Dewey St.</b> <b>012 1/2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ember</b>			b. (Middle) <b>Martin</b>		c. (Last) <b>Hadley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 23, 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 5, 1898</b>		9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sawyer &amp; Baldwin</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Oran, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ora Kelly Hadley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-01-1920</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hadley Poplar Bluff, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septicemia</b>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Injury of left hand</b>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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"/>			
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) (Min)		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>Nov 19, 1954</b> , to <b>Nov 23, 1954</b> , that I last saw the deceased alive on <b>Nov 23, 1954</b> , and that death occurred at <b>6:10 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Gene M. Page, M.D.</b>				23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>11-26-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-25-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carpenter Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Sikeston, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>11/3/54</b>		REGISTRAR'S SIGNATURE <b>G. H. Mitchell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank-Cotrell Poplar Bluff, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
DEC 21 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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.....  
*George W. Green*

Licensed Embalmer No. *29*

P. O. Address.....  
*Butler Pa*

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.