

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

42427

Registrar's No.

10922

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.				c. CITY OR TOWN Maplewood, MO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				e. STREET ADDRESS (If rural, give location) Maplewood Nursing Home. 4004				
3. NAME OF DECEASED (Type or Print)			a. (First) Harmon	b. (Middle) L.	c. (Last) Hadley.	4. DATE OF DEATH (Month) (Day) (Year) Nov 27, 1954.		
5. SEX Male. <input checked="" type="checkbox"/>		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.		8. DATE OF BIRTH Feb'y 10, 1877.		
9. AGE (In years last birthday) 77.		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Lynn, Mass., /		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Albert H. Hadley.		13b. MOTHER'S MAIDEN NAME Martha Hinds.		14. NAME OF HUSBAND OR WIFE Gertrude Hall Hadley.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) no.		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank K. Hadley, 9561 Old Bonhomme Rd.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Volvulus, small intestine		ANTECEDENT CAUSES					12 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS					many years	
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 5703				
22. I hereby certify that I attended the deceased from 1951 to Nov 27, 1954, that I last saw the deceased alive on Nov 27, 1954, and that death occurred at 9:30 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) James B. Jones M.D.				23b. ADDRESS 337 W. Lockwood Webster Grove, Mo.		23c. DATE SIGNED 11-27-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/29/54		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery.		24d. LOCATION (City, town, or county) (State) 7800 St. Charles Rock Road.		
DATE REC'D BY LOCAL REG. NOV 30 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, #7233 Delmar Blv'd.,				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. B. Jones.  
Office: MO: 1-5656.  
MO: 2-4,362.

**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 *Clarence H. Murray*.....

Licensed Embalmer No. *4010*.....

P. O. Address *St. Louis*.....

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.