

No. 300
10. 48

12878

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 19 1955

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>5945</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>				
b. CITY OR TOWN <u>Rural (N. Dillon)</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Rural</u>		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 <u>None</u>				STREET ADDRESS (If rural, give location) <u>0810</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>		b. (Middle) <u>Micheal</u>		c. (Last) <u>Hadley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June 26, 1951</u>		
9. AGE (In years last birthday) <u>3</u>		IF UNDER 1 YEAR <u>9</u> Months <u>19</u> Days		IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Steeleville, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Charles Hadley</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Bell</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Hadley, St. James, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNING ACCIDENTAL</u> ANTECEDENT CAUSES DUE TO (b) <u>DONE</u> DUE TO (c) <u>DONE</u> II. OTHER SIGNIFICANT CONDITIONS <u>E9291</u> <u>42</u>					INTERVAL BETWEEN ONSET AND DEATH <u>DONE</u>	
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.) <u>FARM</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>081</u> (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? <u>FALL INTO POND ACCIDENTALLY</u>				
22. I hereby certify that I attended the deceased from <u>3-7</u> <u>1955</u> , to <u>4-15</u> <u>1955</u> , that I last saw the deceased alive on <u>3-18</u> <u>1955</u> , and that death occurred at <u>8:15 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Robert C. Mulmoff</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>St. James, MO.</u>			23c. DATE SIGNED <u>4-15-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 17-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hibler Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Steeleville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-16-1955</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>		GENERAL DIRECTOR'S SIGNATURE <u>James Samuel King</u>		ADDRESS <u>Steeleville MO</u>		

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

8/10

(Licensed Embalmer's Statement on Reverse Side)

1951
MAY 8 AM

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.....
Harry M. Jones

Licensed Embalmer No. 2628

P. O. Address Steelville,

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.