

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18136

State File No.

FILED JUN 28 1955

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 8353 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Jackson)</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN	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>Red Top, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0899 Rural Fair Grove, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Hartley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 9, 1884</u>
9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u> Hours <u>5</u> Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Webster County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	13a. FATHER'S NAME <u>W. H. Wheeler</u>	13b. MOTHER'S MAIDEN NAME <u>Regina Rader</u>
14. NAME OF HUSBAND OR WIFE <u>Sam W. Hartley</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Cooksey Red Top, Mo.</u>
18. AUSE 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary disease</u> DUE TO (c) <u>Hyperpiesia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute cholecystitis, Nephritis,</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>8 Weeks.</u> <u>About 1 yr.</u> <u>10 yrs or longer</u>	
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 <u>April 1954</u> , to <u>June 14, 1955</u> , that I last saw the deceased alive on <u>June 3, 1955</u> , and that death occurred at <u>6:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Stacye Gousserman D.O.</u>		23b. ADDRESS <u>Fair Grove, Mo</u>	23c. DATE SIGNED <u>6-18-1955</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>	24d. LOCATION (City, town, or county) (State) <u>Webster County, Mo</u>
DATE REC'D BY LOCAL REG. <u>6-21-55</u>	REGISTRAR'S SIGNATURE <u>Grace Peterson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>805 Montgomery Mutual Home Bldg, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Lloyd Montgomery*.....

Licensed Embalmer No. *35*.....

P. O. Address *Buffalo*.....

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.