

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32837

BIRTH NO. _____ REG. DIST. NO. 129 PRIMARY REG. DIST. NO. 200 Registrar's No. 987

| | | | |
|--|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Hickory | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. CITY OR TOWN Weaubleau | |
| c. LENGTH OF STAY (in this place) 12 days | | 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 Burge Hospital | | e. STREET ADDRESS (If rural, give location) 0430 | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH | |
| a. (First) ADELINE | b. (Middle) HARTNETT | c. (Last) LINDSEY | (Month) (Day) (Year) November 4 1955 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov 9, 1870 |
| 9. AGE (In years last birthday) 84 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) / Iowa |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Maurice Hartnett. | | 13b. MOTHER'S MAIDEN NAME Elizabeth Pressley | |
| 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) no | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Wayne Lindsey, Overland Park, Kansas | | ADDRESS | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure | | INTERVAL BETWEEN ONSET AND DEATH 2 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. | | ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility 4200H | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the stomach | | | |
| 19a. DATE OF OPERATION 11/2/55 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of the stomach | |
| 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) m. | | 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 10/31, 1955, to 11/4, 1955, that I last saw the deceased alive on 11/4, 1955, and that death occurred at 11:30P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Robert M. Maker M.D. | | 23b. ADDRESS Professional Building Springfield, Missouri | |
| 23c. DATE SIGNED 11/4/55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov 7, 1955 | |
| 24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery | | 24d. LOCATION (City, town, or county) (State) Preston, Missouri | |
| DATE REC'D BY LOCAL REG. 11-7-55 | | REGISTRAR'S SIGNATURE Edith Williamson | |
| FUNERAL DIRECTOR'S SIGNATURE Jewell E. Windle | | ADDRESS Springfield, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *Bernard F. Wright*

Licensed Embalmer No. *42*

P. O. Address *Spring*

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.