

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41319

State File No.

FILED JAN 3 - 1956

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Macon</u>	c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Atlanta</u>	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 <u>Samaritan Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>in Atlanta MO</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harrison Henry</u>	b. (Middle) <u>Stalley</u>	c. (Last) <u>Stalley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 13 - 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 22 1885</u>	9. AGE (In years last birthday) <u>70</u> if UNDER 1 YEAR Months <u>3</u> if UNDER 24 HRS. Days <u>21</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Gas Jefferson Hadley</u>	13b. MOTHER'S MARDEN NAME <u>Arvilla Rhodes</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Hadley Atlanta Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>5401</u>	17. INFORMANT'S SIGNATURE OR NAME <u>5401</u> ADDRESS
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18. CAUSE 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		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated Gastric ulcer</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MANIC DEPRESSIVE PSYCHOSIS</u>		<u>5 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-9, 1955, to 12-13, 1955, that I last saw the deceased alive on 12-13, 1955, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James E. Campbell</u>	23b. ADDRESS <u>Macon MO -</u>	23c. DATE SIGNED <u>12/16/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 15, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lopezwell</u>	24d. LOCATION (City, town, or county) (State) <u>West Atlanta MO</u>
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DATE REC'D BY LOCAL REG. <u>12/17/55</u>	REGISTRAR'S SIGNATURE <u>Cuth McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. M. Hodding</u>	ADDRESS <u>Atlanta</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12.23.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 12-55-117
Date Filed 12.29.55

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..... *H. M. Gooding*

Licensed Embalmer No. 1754

P. O. Address *Atlanta*

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.