

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2258**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		STREET ADDRESS (If rural, give location) Route # 4, 1 mi. N. 65 US. Hwy.	

3. NAME OF DECEASED (Type or Print) a. (First) HUGH	b. (Middle)	c. (Last) HARTLEY	4. DATE OF DEATH (Month) (Day) (Year) January 8, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31, 1912	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse Trainer	10b. KIND OF BUSINESS OR INDUSTRY Racing & Show	11. BIRTHPLACE (City and State or Foreign Country) Marshall Co., Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W. T. Hartley	13b. MOTHER'S MAIDEN NAME Vesta Nicholson	14. NAME OF HUSBAND OR WIFE Mary Lou Meek Hartley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NUMBER Unobtainable	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary L. Hartley	ADDRESS Sedalia, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 4201		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probable Diverticul Ulcer			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 **July 1955**, to **8 Jan 1956**, that I last saw the deceased alive on **7 Jan 1956** and that death occurred at **11:30p m.**, from the causes and on the date stated above.

23a. SIGNATURE Ronald C. Prater M.D.	(Degree or title)	23b. ADDRESS Sedalia, Mo.	23c. DATE SIGNED 9 Jan 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/9/1956	24c. NAME OF CEMETERY OR CREMATORY Free Spring Cemetery	24d. LOCATION (City, town, or county) (State) Free Spring, Mississippi
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DATE REC'D BY LOCAL REG. 1-9-56	REGISTRAR'S SIGNATURE Lauria Coontz, Esq.	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Heckart	ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

GILLESPIE FUNERAL HOME

JAN 3 1936

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 *Russell C. Maag*

Licensed Embalmer No. *486*

P. O. Address *Sedalia, Mo.*

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.