

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038843

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 27 Primary Registration District No. 4033 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <i>Bates</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Bates</i>		
b. CITY OR TOWN <i>Amoret</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Amoret</i> 0070		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Amoret</i>		Length of stay in 1b <i>63 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>Amoret</i>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Earl</i> Middle <i>P</i> Last <i>Hadsall</i>			4. DATE OF DEATH Month <i>Nov.</i> Day <i>22</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-28-1892</i>	9. AGE (In years last birthday) <i>86</i>	FUNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Repairman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Shoe</i>		11. BIRTHPLACE (City and state or country) <i>San Joe Illinois</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Merritt E. Hadsall</i>		13b. MOTHER'S MAIDEN NAME <i>Carolina B. Kidder</i>	
14. NAME OF HUSBAND OR WIFE <i>Dora Hadsall</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Dora Hadsall</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic Lobar Pneumonia</i> DUE TO (b) <i>Cerebral Hemorrhage</i> DUE TO (c) <i>Arterio Sclerosis + Hypertention</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>331X</i>		INTERVAL BETWEEN ONSET AND DEATH <i>48 hours</i> <i>10 days</i> <i>10 yrs</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>3:00</i> Month <i>Nov.</i> Day <i>22</i> Year <i>1958</i> a.m. <i>A.M.</i> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <i>Amoret</i>		20g. COUNTY <i>Bates</i>		20h. STATE <i>Missouri</i>	
21. I attended the deceased from Death occurred at <i>July 11, 1941</i> to <i>Nov. 22, 1958</i> and last saw ^{her} him alive on <i>Nov. 22, 1958</i> at <i>3:00 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>W. V. Schubert, D.O.</i> (Degree or title)		22b. ADDRESS <i>Amoret, Missouri</i>	
22c. DATE SIGNED <i>11-22-58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>11-24-1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Leading Post Corn.</i>		23d. LOCATION (City, town, or county) <i>Leading Post Kansas</i>		(State)	
24. FUNERAL DIRECTOR <i>Cubow-Underwood Buttle, Inc.</i>		25. DATE RECD. BY LOCAL REG. <i>Nov-24-58</i>		26. REGISTRAR'S SIGNATURE <i>Turdall King</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John G. Underwood*
Licensed Embalmer No. *3585*
P. O. Address... *Butler Pa*

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.