

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032074

FILED VS SEP 28 1959

Registration District No. 128 Primary Registration District No. _____ Registrar's No. 980

STATE FILE NUMBER

IDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Greene		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Republic		a. STATE Missouri b. COUNTY Greene		c. CITY OR TOWN Republic	
Length of stay in 1b		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home (no Street Address)		d. STREET ADDRESS (If outside, give location) No Street Address		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mary May Hadlock				4. DATE OF DEATH September 18, 1959			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-17-1884	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		9. AGE (last birthday) 75		11. BIRTHPLACE (City and state or country) Lawrance Co. Mo.	
13a. FATHER'S NAME Ruben Benton Mason		13b. MOTHER'S MAIDEN NAME Mary Elizebeth Richardson		12. CITIZEN OF WHAT COUNTRY USA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Herbert E. Hadlock, Miller Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH 6 Mos	
IMMEDIATE CAUSE (a) Carcinoma of lung							
DUE TO (b) _____							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year		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 COUNTY STATE	
21. I attended the deceased from <u>1955</u> to <u>Sept 1959</u> and last saw her <u>her</u> alive on <u>18 Sept 1959</u> Death occurred at <u>5:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Karl Leidinger M.D.				22b. ADDRESS Republic, Missouri		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-20-1959		23c. NAME OF CEMETERY OR CREMATORY Halltown Cemetery		23d. LOCATION (City, town, or county) (State) Halltown, Missouri	
24. FUNERAL DIRECTOR W.B. Cantrell Republic, Mo.				25. DATE RECD. BY LOCAL REG. 9-24-59		26. REGISTRAR'S SIGNATURE Effie S. Melton	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William B. Centrel

Licensed Embalmer No. 4820

P. O. Address Republica

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.