

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS. JUL 22 1960

60-029223  
STATE FILE NUMBER

Registration District No. 1 317 Primary Registration District No. 500 Registrar's No. 2147

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>ST. LOUIS</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MANCHESTER, MO</b>		a. STATE <b>MO.</b>		b. COUNTY <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MANCHESTER NURSING HOME</b>		Length of stay in 1b Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>GLENDALE, MO.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>#8 HILLARD RD.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>EMMA</b>		Middle <b>H. HADLEY</b>		Last <b>HADLEY</b>		Month Day Year <b>JULY 18, 1960</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/4/1869</b>	9. AGE (last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and state or country) <b>NEW VIENNA OHIO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>DANIEL HILL</b>			13b. MOTHER'S MAIDEN NAME <b>MARTHA ANN HUSSEY</b>		14. NAME OF HUSBAND OR WIFE <b>EDWIN C. HADLEY</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>RUTH H. DENNIS, 8 HILLARD RD. GLENDALE</b>			
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	
IMMEDIATE CAUSE (a) <b>HYPSTATIC BRONCHO-PNEUMONIA</b>						<b>24 HRS</b>	
DUE TO (b) <b>CHRONIC MYOCARDITIS</b>						?	
DUE TO (c) <b>SENILITY</b>							
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 <b>APRIL 15, 1960</b> to <b>JULY 18, 1960</b> and last saw her <sup>her</sup> alive on <b>JULY 17, 1960</b> Death occurred at <b>2:20A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>B.R. Loving, M.D.</b>				22b. ADDRESS <b>BALLWIN, Mo.</b>		22c. DATE SIGNED <b>7/18/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>JULY 19, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>EARLHAM CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>RICHMOND, INDIANA</b>	
24. FUNERAL DIRECTOR <b>PARKER-ALDRICH, WEBSTER GROVES, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>7-19-60</b>		26. REGISTRAR'S SIGNATURE <i>John B. ...</i>	

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert J. Lee Jr.

Licensed Embalmer No. 4800

P. O. Address Highway 2

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