MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010944

ARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2389 STATE FILE NUMBER

FILED MAR 23 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

5 DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY ST. Louis City
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis, Missouri — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1108 South 18th St. — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Crawford
c. CITY OR TOWN ~~[illegible]~~ Bourbon — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS RFD (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ALBERT Middle: B Last: HARTLEY

4. DATE OF DEATH Month: 3 Day: 10 Year: 61

5. SEX: MALE

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1/1/02

9. AGE (last birthday): 59 — IF UNDER 1 YEAR Months: 2 Days: 9 — IF UNDER 24 HR Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REFUSE HAULER

10b. KIND OF BUSINESS OR INDUSTRY: REFUSE HAULER

11. BIRTHPLACE (City and state or country): Lonoke, Arkansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Albert M. Hartley

13b. MOTHER'S MAIDEN NAME: Nettie Ellen Goshen

14. NAME OF HUSBAND OR WIFE: LILLIE HARTLEY (wife)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Lillie B. Hartley, Bourbon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ASPHYXIA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CARCINOMA of LUNG
DUE TO (c) 163x
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 1/31/61, to 2/20/61 and last saw him alive on 2/20/61
Death occurred at 6:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ernest E. Weinand, MD.

22b. ADDRESS: 216 South Kingshighway St. Louis, Mo.

22c. DATE SIGNED: 3/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-12-1961

23c. NAME OF CEMETERY OR CREMATORY: Hill Cemetery

23d. LOCATION (City, town, or county) (State): Bourbon, Mo.

24. FUNERAL DIRECTOR: [signature] ADDRESS: Cuba, Mo.

25. DATE RECD. BY LOCAL REG.: MAR 13 1961

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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 _____

Licensed Embalmer No. 9472

P. O. Address Cuba, 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.