

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013349 STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 393E

1. PLACE OF DEATH a. COUNTY GREENE b. CITY OR TOWN SPRINGFIELD Length of stay in 1b c. CITY OR TOWN SPRINGFIELD Inside Limits Yes [X] No [] d. STREET ADDRESS 1333 N. ROBERSON Reside on Farm Yes [] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last EDWARD H. HARTLEY 4. DATE OF DEATH Month Day Year APRIL 17, 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married [X] Never Married [] Widowed [] Divorced [] 8. DATE OF BIRTH 20 SEPT. 1877 9. AGE (last birthday) 83 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) POSTAL EMPLOYEE 10b. KIND OF BUSINESS OR INDUSTRY RETIRED 11. BIRTHPLACE (City and state or country) MISSOURI 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME BENTLEY HARTLEY 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE AMY HARTLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NO 16. SOCIAL SECURITY NO. NO 17. INFORMANT Address AMY HARTLEY (WIFE) SPEED. MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM INTERVAL BETWEEN ONSET AND DEATH 1 week DUE TO (b) POST OP. CHOLECYSTECTOMY FOR 3 weeks DUE TO (c) PERFORATED GALL BLADDER

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) AUTO ACCIDENT PRIOR TO PERFORATION PART III. If deceased was female was there a pregnancy in last 90 days [] Yes [] No [] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 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 4-4-61 to 4-17-61 and last saw her alive on 4-17-61 Death occurred at 7:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Cecil R. Turner MD 22b. ADDRESS 600 S. GLENSTONE SPRINGFIELD, Mo. 22c. DATE SIGNED 4-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4/20/61 23c. NAME OF CEMETERY OR CREMATORY GREENLAWN 23d. LOCATION (City, town, or county) (State) SPRINGFIELD, Mo.

24. FUNERAL DIRECTOR ADDRESS KLINGNER MORTUARY, INC. Springfield, Mo. 25. DATE RECD. BY LOCAL REG. 4-24-61 26. REGISTRAR'S SIGNATURE Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

MAY 2 1961

STATEMENT BY LICENSED EMBALMER

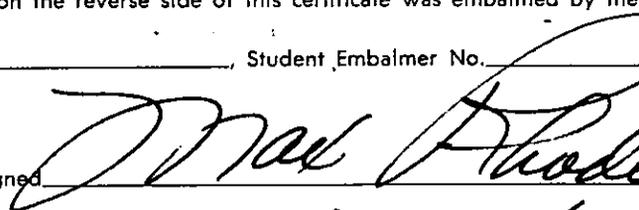
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 407

P. O. Address **SPRINGFIELD**

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.