

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE XC 11020843

SL 19148

-61-034421

STATE FILE NUMBER

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9139

AMENDED

FILED OCT 13 1961 318

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VAH, ST. LOUIS, MO.		Length of stay in 1b 13 days	c. CITY OR TOWN DIXON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) - - - - - Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE A. HARTLEY			4. DATE OF DEATH Month Day Year October 2 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/4/23	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) OTTUMMA, IOWA	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME MATTHEW HARTLEY		13b. MOTHER'S MAIDEN NAME CORA SMITH		14. NAME OF HUSBAND OR WIFE VIRGINIA V. HARTLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II			16. INFORMANT Address VIRGINIA V. HARTLEY SEE # 2		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALIGNANT BRAIN TUMOR					INTERVAL BETWEEN ONSET AND DEATH 193.0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Attended the deceased from 9/19/61 to 10/2/61 and last saw <input checked="" type="checkbox"/> him alive on 10/2/61 Death occurred at 12:09 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>William P. Polk Jr. M.D.</i>			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 10/2/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-3-61	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Dixon, Mo.
24. FUNERAL DIRECTOR Gilbert Funeral Home, Dixon, Missouri.			25. DATE RECD. BY LOCAL REG. OCT 3 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

1961 OCT 13 100

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 J. W. B. Embler

Licensed Embalmer No. 3653

P. O. Address H. Lee

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.