

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013494

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1107

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 1962

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy Length of stay in 1b D.O.A.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY ST LOUIS
 c. CITY OR TOWN DePeres Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 12011 Manchester Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Joseph Middle Glenn Last Hadley 4. DATE OF DEATH Month 4- Day 5- Year 62

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-28-1900 9. AGE (last birthday) 61 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) Salesman 10b. KIND OF BUSINESS OR INDUSTRY retired 11. BIRTHPLACE (City and state or country) Iowa 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Hadley 13b. MOTHER'S MAIDEN NAME Martha 14. NAME OF HUSBAND OR WIFE Rachel Hadley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT RACHEL HADLEY Address ST LOUIS 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) acute coronary occlusion
 DUE TO (b) Generalized arteriosclerosis
 DUE TO (c) years
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) congestive heart failure
 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.) None

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.

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 3-15-62 to 4-5-62 and last saw him alive on 3-29-62
 Death occurred at 9:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William G. Hoehn, D.O. 22b. ADDRESS 3301 Robby Rd. - St. Ann. 22c. DATE SIGNED 4-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-9-62 23c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery 23d. LOCATION (City, town, or county) (State) Bridgeton Mo.

24. FUNERAL DIRECTOR Earl Hilleman ADDRESS Overland 14, Mo. 25. DATE RECD. BY LOCAL REG. 4-9-62 REGISTRAR'S SIGNATURE John M. Murphy, M.D.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 *Ernest H. Clendenen*

Licensed Embalmer No. 3591
P. O. Address Overland, 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.