

8657

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040273

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

10289

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 1 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Sangamon

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Length of stay in 1b

c. CITY OR TOWN Springfield, Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Inside Limits Yes No

d. STREET ADDRESS 2624 Lakeshore Drive Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
GRACE K. HADLEY OCTOBER 27 1962

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6/27/1892 9. AGE (last birthday) 70 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) housewife 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (City and state or country) Melbourne, Australia 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Rev. George A. Kilbey 13b. MOTHER'S MAIDEN NAME Margaret Coatsworth 14. NAME OF HUSBAND OR WIFE Bryant E. Hadley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Address Brant E. Hadley, 2624 Lakeshore Springfield, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) STOKES-ADAMS ATTACK INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
DUE TO (b) CORONARY ARTERIOSCLEROSIS YEARS
DUE TO (c) 420.1

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 OCT. 19, 1962 to OCT. 27, 1962 and last saw her alive on OCT. 27, 1962
Death occurred at 4:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. R. BRADLEY, M. D. 22b. ADDRESS BARNES HOSPITAL 22c. DATE SIGNED 10/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 10/29/1962 23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Park 23d. LOCATION (City, town, or county) Springfield, Illinois (State)

24. FUNERAL DIRECTOR ADDRESS Smith Funera l Chapel, Springfield, Ill. 25. DATE RECD. BY LOCAL REG. OCT 27 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

JAN 31 1963

Accepted

3935 *Quinn*

*City - Removal
to
Hornfield.
See*

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 *Ronald W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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.