

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024020

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 128

FILED JUN 24 1963

1. PLACE OF DEATH

a. COUNTY

GRUNDY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

TRENTON

Length of stay, in 1b

60 years.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

2002 Chicago

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

GRUNDY

c. CITY
OR
TOWN

TRENTON

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2002 Chicago

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GLADYS HALDEN HANLEY

4. DATE
OF
DEATH

Month

Day

Year

JUNE 16 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/27/1894

9. AGE (last birthday)

69

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)

Home maker

10b. KIND OF BUSINESS OR INDUSTRY

domestic

11. BIRTHPLACE (City and state or country)

Centerville, Iowa U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Adam Halden

13b. MOTHER'S MAIDEN NAME

Drucella Dodds

14. NAME OF HUSBAND OR WIFE

W.P. Hanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

N.P. Hanley Trenton, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (d).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardio-Vascular- Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

1 year

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:

☐ 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

June 1st 1963

to June 16th 1963

and last saw her alive on

June 16th 1963

Death occurred at

8-AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Oliver F. Duffky

22b. ADDRESS

Trenton Mo

22c. DATE SIGNED

June 18th 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/19/1963

23c. NAME OF CEMETERY OR CREMATORY

Resthaven Memorial Garden

23d. LOCATION (City, town, or county)

TRENTON

Missouri

24. FUNERAL DIRECTOR

ADDRESS

J. Gordon Blackmore Trenton, Mo.

25. DATE RECD. BY LOCAL REG.

6-19-63

26. REGISTRAR'S SIGNATURE

J. Gordon Blackmore

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0405

2 0405

3

4 1

5 1

6

7 1

8 0

9 442X

10

11

12 90-0

13 1-0

CHICAGO, ILL.

JUN 25 1963

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. Gordon Blackman*

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.