

FILED JAN 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39694

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 188

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE	
c. LENGTH OF STAY (If this place) 4 YEARS		d. STREET ADDRESS (If rural, give location) MISSOURI TRAINING SCHOOL	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI TRAINING SCHOOL			
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) ATNA c. (Last) HADLEY			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 28 1948
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUGUST 14 1900
9. AGE (In years last birthday) 48	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAIRYMAN	10b. KIND OF BUSINESS OR INDUSTRY DAIRY	11. BIRTHPLACE (State or foreign country) DONIPHAN - NEBRASKA 194
13a. FATHER'S NAME ALPHEN M. HADLEY		13b. MOTHER'S MAIDEN NAME MARY CATHERINE HARDING	12. CITIZEN OF WHAT COUNTRY U.S.A.
14. NAME OF HUSBAND OR WIFE IMOGENE TORODE HADLEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS IMOGENE HADLEY - BOONVILLE	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 520		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of kidney with metastases INTERVAL BETWEEN ONSET AND DEATH 1 1/2 year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia 24 days	
19a. DATE OF OPERATION 4-30-48	19b. MAJOR FINDINGS OF OPERATION Carcinoma left kidney		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-26-48 , 19___, to 12-28-48 , 19___, that I last saw the deceased alive on 12-24-48 , 19___, and that death occurred at 2:48 m., from the causes and on the date stated above.			
23a. SIGNATURE B. M. Stuart, M.D.		23b. ADDRESS 329 Main, Boonville, Mo.	23c. DATE SIGNED 12-29-48
24a. BURIAL, CREMATION, REMOVAL BURIAL	24b. DATE 12/30/48	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) BOONVILLE - MO
DATE REC'D BY LOCAL REG. 12/29/48	REGISTRAR'S SIGNATURE D. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boonville - MO.	

