

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5507** Registrar's No. **56**

1. PLACE OF DEATH a. COUNTY HENRY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY HENRY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BEAR CREEK TWP.		c. LENGTH OF STAY (in this place) 50 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BEAR CREEK - TWP		d. STREET ADDRESS (If rural, give location) 0420
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HER HOME					

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ETHEL c. (Last) HARTLEY			4. DATE OF DEATH (Month) (Day) (Year) FEB. 7, 1953		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 9, 1882	9. AGE (in years last birthday) 70	10. MONTHS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN BOYD		13b. MOTHER'S MAIDEN NAME LAURA T. HATCH		14. NAME OF HUSBAND OR WIFE Joe Hartley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Joe Hartley, Montrose, Mo. R.H.I.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis			INTERVAL BETWEEN ONSET AND DEATH 6 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
	DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **Aug 1, 1952**, to **Feb 6, 1953**, that I last saw the deceased alive on **Feb 6, 1953**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. E. Baggerly M.D. (Degree or title)	23b. ADDRESS Montrose Mo	23c. DATE SIGNED 2-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/11/53	24c. NAME OF CEMETERY OR CREMATORY BEAR CREEK CEM.	24d. LOCATION (City, town, or county) (State) MONTROSE, MO. R.H.I.
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DATE REC'D BY LOCAL REG. Feb 11 - 53	REGISTRAR'S SIGNATURE Glorence Adair	4221	25. FUNERAL DIRECTOR'S SIGNATURE H. Tausant, Chilton, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

421

VS AUG 31 1959

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
Student Embalmer

Signed *A. D. Vaisant*

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.