

**FILED**

**CERTIFICATE OF DEATH**

Registration District No. NOV 10 1971

Primary Registration District No. 1000

**124**  
**534**

**71 0039247**

Registrar's No. 1152

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST 1. <b>Harrison Smith HARTLEY</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>November 2, 1971</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <b>White</b>	AGE—LAST BIRTHDAY (YEARS) MO. DAY 5a. <b>82</b>	UNDER 1 YEAR 5b. <b></b>	UNDER 1 DAY 5c. <b></b>	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>Nov. 9, 1888</b>
CITY, TOWN, OR LOCATION OF DEATH 7a. <b>St. Joseph</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>No</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. <b>Route #2, Huntoon Road</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <b>Missouri</b>		CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>Married</b>	
SOCIAL SECURITY NUMBER 12. <b>491-09-3006</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <b>Artist Semi-retired</b>		KIND OF BUSINESS OR INDUSTRY 13b. <b></b>
RESIDENCE—STATE 14a. <b>Missouri</b>	COUNTY 14b. <b>Buchanan</b>	CITY, TOWN, OR LOCATION 14c. <b>St. Joseph</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <b>No</b>	STREET AND NUMBER 14e. <b>Route #2, Huntoon Road</b>
FATHER—NAME FIRST MIDDLE LAST 15. <b>Fred Hartley</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. <b>Anna Marie Smith</b>		
INFORMANT—NAME 17a. <b>Mrs. Mildred Hartley</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <b>Route #2, Huntoon Road St. Joseph, Mo. 64505</b>		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) <b>Acute coronary occlusion.</b> DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) <b></b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Immediate.</b>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19a. <b>No</b>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. <b></b>				
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. <b></b>	DATE OF INJURY (MONTH, DAY, YEAR) 20b. <b></b>	HOUR 20c. <b></b>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) M. 20d. <b></b>	
INJURY AT WORK (SPECIFY YES OR NO) 20e. <b></b>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f. <b></b>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g. <b></b>	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM <b>Oct. 28, 1966</b> TO <b>Oct. 25, 1971</b>	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON 21c. <b>Oct. 25, 1971</b>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. <b>Did Not</b>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22. HOUR OF DEATH M. 22b. <b></b>				THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR 22c. <b></b>
CERTIFIER—NAME (TYPE OR PRINT) 23a. <b>John T. Rogers, M. D.</b>		SIGNATURE 23b. <i>John T. Rogers</i>	DEGREE OR TITLE 23c. <b>M.D.</b>	DATE SIGNED (MONTH, DAY, YEAR) 23d. <b>Nov 4 - 1971</b>
MAILING ADDRESS—CERTIFIER 23e. <b>602 Jule Street, St. Joseph, Missouri</b>		STREET OR R.F.D. NO. 23f. <b>602 Jule</b>	CITY OR TOWN 23g. <b>St. Joseph</b>	STATE 23h. <b>Missouri</b>
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>		CEMETERY OR CREMATORY—NAME 24b. <b>Memorial Park</b>		LOCATION 24c. <b>St. Joseph, Missouri</b>
DATE (MONTH, DAY, YEAR) 24d. <b>Nov. 4, 1971</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. <b>Heaton-Bowman 319 So. 10th St. Joseph, Mo. 64501</b>		
FUNERAL DIRECTOR—SIGNATURE 25a. <i>J. Stephen McElduff</i>		REGISTRAR—SIGNATURE 25b. <i>Mary Volante</i>	DATE RECEIVED BY LOCAL REGISTRAR 25c. <b>Nov. 8, 1971</b>	

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

9. 0  
10a. 82  
10b. 45117  
11. 0  
12. 1  
13. 4109  
14. 65117  
15. 4  
16.   
17.   
18. 0  
19. CREDITS  
20. 1-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 Curtis C. Hummel

Licensed Embalmer No. 4936  
319 So. 10th  
P. O. Address St. Joseph, 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.