

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12069

State File No.

BIRTH NO. _____ REG. DIST. NO. 99- PRIMARY REG. DIST. NO. 5378 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Union Star <u>POLA SUP</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star Mo. R.R. <u>1321</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS (If rural, give location) 2 Mi. N.E. of Union Star Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary May	b. (Middle) Hailey	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Apr. 18, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 3, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 0 Days 15	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Craig Co Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Sarver	13b. MOTHER'S MAIDEN NAME ?? Morgan	14. NAME OF HUSBAND OR WIFE James S. Hailey.
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James S. Hailey Union Sta Mo. R.R.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Apr 18, 1951, to 4.18.51, 1951, that I last saw the deceased alive on Not at all and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Reynolds</u> (Degree or title)	23b. ADDRESS Union Star Mo.	23c. DATE SIGNED 4.20.51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4.20.51	24c. NAME OF CEMETERY OR CREMATORY Union Star	24d. LOCATION (City, town, or county) (State) Union Star Mo.
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DATE REC'D BY LOCAL REG. 4-26-51	REGISTRAR'S SIGNATURE <u>Roscoe Dairman</u> 820	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. B. Gaggat</u> ADDRESS King
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1320
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1321

4201



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 _____

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.