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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3759

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 86

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Monroe Hospital & Clinic 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Unionville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas Halley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Halley

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 6 (Month) 14 (Day) 1863 (Year)

8. AGE: Years 82 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Denwoddie Halley 1
13. Birthplace Ken. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Triplett
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Albert Walt.
(b) Address Green City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lucerne

18. (a) Signature of funeral director Husted & Son
(b) Address Unionville Mo.

19. (a) 12-31-45 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 17 day
year 1945 hour 1.20 minute a M.

21. I hereby certify that I attended the deceased from Nov 22, 1945 to Dec 17, 1945
that I last saw him alive on Dec 17, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic poisoning	1 week
Due to Chronic glomerulonephritis & myocarditis	10 years
Due to hypertension & arteriosclerosis	5 years

Other conditions
(Include pregnancy within 3 months of death)
Prostatic hypertrophy

Major findings:
Of operations

Of autopsy 3/0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Chas L Gridd (M. D. or other) D.C.
Address Unionville Mo. Date signed 12-16-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-46-133
Date Filed JAN 24 1946

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 .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville 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.