

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

Rev. 5-1-1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 28 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5589

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 14

1. PLACE OF DEATH:

(a) County NEWTON
 (b) City or town NEOSHO
 (c) Name of hospital or institution:
JALE MEMORIAL HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME OSCAR LEE HALEY

8. (b) If veteran, name war NONE 8. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CORA HALEY 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JULY 25 1899
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 22 hr. min.

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

10. Usual occupation FARMER

11. Industry or business Stock FARM.

MOTHER { 12. Name WILLIAM N. HALEY

13. Birthplace ELLETTSVILLE MISSOURI
 (City, town, or county) (State or foreign country)

14. Maiden name ELLEN VINYARD

15. Birthplace MISSOURI
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rev. G. G. Kelly

(b) Address Neosho Mo.

17. (a) Removal (b) Date thereof 2-19-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buried at

18. (a) Signature of funeral director Corey Thompson
 (b) Address Neosho Mo.

19. (a) Feb 18, 1947 (b) Melvin C. Bonome
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON
 (c) City or town NEOSHO
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? NO. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 17
 year 1947 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2-4-47
 _____, 19____, to 2-17, 1947
 that I last saw him alive on 2-17-47, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to Safar

Due to _____

Other conditions Safar (Pneumonia)
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD.
 Address Neosho Mo. Date signed 2-18-47

MAR 25 1942

OCT 21 1947

APR 10 1961

ISSUED TO Officer No. *Henkerson*
Licence File Number *242-42*
+ to File *2-27-47*

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 *Cosley Thompson*
Licensed Embalmer No. *3259*
P. O. Address *Wesko 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, above space should be left blank.