

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24406

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (in this place) <u>2 Hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lincoln Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Unionville R.F.D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWRENCE</u> b. (Middle) <u>HENRY</u> c. (Last) <u>HALLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July - 4 - 1949</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>MAY-19-1907</u>		9. AGE (in years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Faturday Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>John Deere Pl. DUSTRY Co, Dubuque, Ia</u>		11. BIRTHPLACE (State or foreign country) <u>Putnam County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY D HALLEY</u>			13b. MOTHER'S MAIDEN NAME <u>GRACE ARNAMAN</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>358-03-631</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HENRY D Halley Unionville Mo. R.F.D.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shank fracture permanent</u> <u>bad fractured rib</u> <u>fracture of 5th rib</u> <u>fracture of 7 ribs on left side due to car wreck</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u></u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>EX 174</u> <u>31</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>wreck</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident on highway</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, public way) <u>south of Unionville</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Unionville</u> (COUNTY) <u>Putnam</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 4, 1949 5 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Ran into guard rail on highway</u>			
22. I hereby certify that I attended the deceased from <u>July 4, 1949</u> , to <u>July 4, 1949</u> , that I last saw the deceased alive on <u>July 4, 1949</u> , and that death occurred at <u>2:30 pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thos. J. Judd M.D.</u>				23b. ADDRESS <u>Unionville, Mo.</u>		23c. DATE SIGNED <u>7/5/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July - 7 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Unionville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-27-49</u>		REGISTRAR'S SIGNATURE <u>Maxwell Durham</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Comstock Funeral Home Unionville, Mo.</u>			

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

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1949

RECEIVED AUG 4 1949  
District Health Officer No. 1  
District File Number 8-49-13  
Date Filed AUG 4 1949

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.

Signed James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, Mo.

Signed.....  
Student Embalmer

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.