

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26410

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark Mo. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark Rural, Tim Township</u>	
c. LENGTH OF STAY (in this place) <u>30 minutes</u>		d. STREET ADDRESS (If rural, give location) <u>Ozark, Mo. Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linley Township</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Tisha</u>	b. (Middle) <u>—</u>	c. (Last) <u>Haslip</u>	4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>11</u> (Year) <u>1949</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 24, 1883</u>	9. AGE (In years last birthday) <u>65 yr</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours	IF UNDER 1 MRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home Keeper</u>	11. BIRTHPLACE (State or foreign country) <u>Christian County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wyatt, Bilyen</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Eskins</u>	14. NAME OF HUSBAND OR WIFE <u>Sam, Haslip</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Haslip</u>	ADDRESS <u>Ozark Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 hrs</u> <u>2 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck</u> <u>Skull fracture</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>auto accident</u>		
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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 1A</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Tim Township, Christian, MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 11 1949 3:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>auto accident on Hwy 1A</u>

22. I hereby certify that I attended the deceased from 10, to 10, 1949, that I last saw the deceased alive on Aug 11, 1949, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>T. B. Chaffin</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Ozark, MO</u>	23c. DATE SIGNED <u>Aug. 13-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Goodpastor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian County, MO</u>
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DATE REC'D BY LOCAL REG. <u>Aug 23 1949</u>	REGISTRAR'S SIGNATURE <u>Luette Leonard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>	ADDRESS <u>Ozark MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 26 1949

District Health Office No. 5,

District File Number 849-980

Date Filed 8-26-49

SEP 27 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.

Student _____
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.

[Handwritten notes and signatures at the bottom of the page]