

THE DIVISION OF HEALTH OF MISSOURI
 FILED JAN 31 1950 STANDARD CERTIFICATE OF DEATH

1881

State File No.

BIRTH NO. REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 5835 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Newton - Shoal Creek Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin 9 Mi S. W</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin 9 Mi S. W</u> <u>0739</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>RFD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Robert</u> c. (Last) <u>Hailey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 19, 1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>Neosho, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Wm Hailey</u>	13b. MOTHER'S MAIDEN NAME <u>Joan McColey</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Hailey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Hailey, R FD Joplin, Mo.</u>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coe Pulmonary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>525X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary fibrosis</u>		
	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-8, 1949, to 12-12, 1949, that I last saw the deceased alive on 12-12, 1949, and that death occurred at 9:50 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles S. Davis M.D.</u>	23b. ADDRESS <u>Galena, Mo.</u>	23c. DATE SIGNED <u>1-12-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborne</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-14-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Parker-Hunsaker Mortuary Joplin, Mo.</u>
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(Licensed Embalmer's Stamp put on Reverse Side)

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

No. 300
10.48

730
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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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine Ave

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.