No. 300
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FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15820

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: BARTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~BARTON~~ Lamar
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARTON COUNTY MEMORIAL HOSPT.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BARTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-LAMAR TWSP.
d. STREET ADDRESS (If rural, give location): LAMAR R#2

3. NAME OF DECEASED (Type or Print)
a. (First): CLEO
b. (Middle): DALE
c. (Last): HAILE

4. DATE OF DEATH (Month) MAY (Day) 29 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV 2 1895
9. AGE (In years last birthday): 54 — If under 1 year: Months 6, Days 27 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (State or foreign country): LAMAR, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: US
13a. FATHER'S NAME: GEORGE W. HAILE
13b. MOTHER'S MAIDEN NAME: NANCY ALICE COILE
14. NAME OF HUSBAND OR WIFE: RUTH WINTERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): W W - I
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. RUTH HAILE, ADDRESS: LAMAR, MO.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Previous Coronary Artery Disease — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 29, 1950, *to* May 29, 1950, *that I last saw the deceased alive on* May 29, 1950, *and that death occurred at* 10:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. M. Arnold M. D.
23b. ADDRESS: Lamar, Missouri
23c. DATE SIGNED: 6-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 1 1950
24c. NAME OF CEMETERY OR CREMATORY: LAKE CEMETERY
24d. LOCATION (City, town, or county) (State): LAMAR, MO.

DATE REC'D BY LOCAL REG.: JUN 1 - 1950
REGISTRAR'S SIGNATURE: Marie Konantz
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: KONANTZ FUNERAL HOME, LAMAR, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 3 1950
District Health Office No. 6,
District File Number 650-636
Date Filed 6-3-50

JUN 22 1950

JUN 6 1950

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Walter J. Konantz

Signed .....
Student Embalmer

Licensed Embalmer No. 4773

P. O. Address Lamar, Missouri

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.