

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25330

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 62

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| 1. PLACE OF DEATH a. COUNTY <u>PIKE 0821</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Lincoln</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisville 0570</u> | |
| c. LENGTH OF STAY (in this place) <u>2 wks</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mineral Springs Hosp</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u> b. (Middle) <u>CHARIE</u> c. (Last) <u>HALLEY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1952</u> | | |
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| 5. SEX <u>♀</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Apr. 15 1878</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u> | IF UNDER 24 HRS. Hours <u>9</u> Min. <u>1</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Balham Co Ill</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>JAMES Sitton</u> | 13b. MOTHER'S MARRIEN NAME <u>Martha Bowler</u> | 14. NAME OF HUSBAND OR WIFE <u>Josiah W. Hallely</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) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edgar Colbert</u> ADDRESS <u>Colton 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>TWO WEEKS</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</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) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) <u>4201</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 JUNE 10, 1952, to JUNE 23, 1952, that I last saw the deceased alive on JUNE 23, 1952, and that death occurred at 4:00 AM., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>LOUISIANA, MO</u> | 23c. DATE SIGNED <u>JUNE 23 '52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 25-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mill Creek</u> | 24d. LOCATION (City, town, or county) (State) <u>Lincoln County MO</u> |
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| DATE REC'D BY LOCAL REG. <u>July 10, 52</u> | REGISTRAR'S SIGNATURE <u>Bernice Callier</u> | 374 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Isaac Bankhead</u> ADDRESS <u>Bonham, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 4 1962

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

Harold C. Kiper

Signed.....

Student Embalmer

Licensed Embalmer No. *4597*

P. O. Address *Burlington, Iowa*

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.