

FILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7296**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (perry)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (perry)</u>	
c. LENGTH OF STAY (In this place) <u>23 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Farmington R. F. D. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farmington R. F. D. 2</u>		d. STREET ADDRESS (If rural, give location) <u>Farmington R. F. D. 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ordelia Celeste</u> b. (Middle) <u>Haile</u> c. (Last) <u>Haile</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31 1953</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 9, 1872</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francois Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>John W. Highley</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Mc Henry</u>		14. NAME OF HUSBAND OR WIFE <u>W. G. Haile</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. G. Haile Farmington RFD 2 Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility & Liver damage</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sp. Alcohol. Cirrhosis of Liver</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		<u>4500</u>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5th, 1947, to Jan 9, 1953, that I last saw the deceased alive on Jan 9, 1953 and that death occurred at 9:00am., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. H. ...</u> (Degree or title)	23b. ADDRESS <u>315 W. Main St.</u>	23c. DATE SIGNED <u>2-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/2/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Herod Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Cantwell, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Feb 5, 1953</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Z. Boyer & Son Desloge, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 C. F. Boyer

Licensed Embalmer No. 1671

P. O. Address Leeds, 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.