No. 300
10.48

FILED MAY 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15293

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Unionville
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Monroe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Unionville 0860
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) — c. (Last) Halley

4. DATE OF DEATH (Month) (Day) (Year) APR-25 53

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 W
8. DATE OF BIRTH Dec 24, 1866
9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months 4 Days 1 | IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work
10b. KIND OF BUSINESS OR INDUSTRY self
11. BIRTHPLACE (City and State or Foreign Country) Putnam Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Russell Henry
13b. MOTHER'S MAIDEN NAME Lucelle Rogers
14. NAME OF HUSBAND OR WIFE Thomas Halley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs Albert Walt, Green City Mo ADDRESS

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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c) hypertension — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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 April 3, 1947, to April 25 1953, that I last saw the deceased alive on April 25, 1953 and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Chas L Judd (Degree or title) Do
23b. ADDRESS Unionville Mo
23c. DATE SIGNED 4/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) B
24b. DATE Apr 27-53
24c. NAME OF CEMETERY OR CREMATORY Lucerne
24d. LOCATION (City, town, or county) (State) Lucerne Mo

DATE REC'D BY LOCAL REG. 4-28-53
REGISTRAR'S SIGNATURE Marvell Durbin 2660
25. FUNERAL DIRECTOR'S SIGNATURE T O Husted & Son ADDRESS Unionville Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Murl E Husted

Licensed Embalmer No. 3304

P. O. Address Unionville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.