

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22557**

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **180**

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

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. CITY (If outside corporate limits, write RURAL and give township) Union	
c. LENGTH OF STAY (in this place) 1 hour		d. STREET ADDRESS (If rural, give location) Rt #3 Moberly 0880	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) FREDRICH	b. (Middle) AMBROSE	c. (Last) HALEY	4. DATE OF DEATH (Month) (Day) (Year)
				July 6-1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan-10-1942	9. AGE (In years last birthday) 11	UNDER 1 YEAR	1 YEAR	5 UNDER 10 MIN.
					Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School & Farming	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Randolph Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harris Edward Haley	13b. MOTHER'S MAIDEN NAME Catherine Marie Kadke	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Harris E. Haley	ADDRESS Moberly Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Injury		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bunshot wound head.		
	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 None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 100% YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Madison Monroe Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 6 1953 6:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? S.S.W.-27 Rifle - close range
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22. I hereby certify that I attended the deceased from **6 July, 1953**, to **6 July, 1953**, that I last saw the deceased alive on **July 6, 1953**, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. K. ...	(Degree or title) Mo.	23b. ADDRESS Moberly Mo	23c. DATE SIGNED 8/July 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July-9-1953	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens	24d. LOCATION (City, town, or county) (State) Moberly Mo.
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DATE REC'D BY LOCAL REG. 7-9-53	REGISTRARS SIGNATURE 2698 d	25. FUNERAL DIRECTOR'S SIGNATURE Funeral Home Moberly Mo.	ADDRESS
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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.....

R.M. Carter

Licensed Embalmer No. *4117*

P. O. Address.....

Moherly 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.