

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30868

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6245 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY WASHINGTON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE California b. COUNTY Monterey		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walton		c. LENGTH OF STAY (in this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Watsonville.		8040 8
d. FULL NAME OF HOSPITAL OR INSTITUTION Shirley			d. STREET ADDRESS (If rural, give location) 9 Elsa, St		
3. NAME OF DECEASED (Type or Print) a. (First) Jerry b. (Middle) Dean c. (Last) Haslam			4. DATE OF DEATH August 12-1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept-4-1952	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Months 8 Days _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ft. Ord. California /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Leo Haslam		13b. MOTHER'S MAIDEN NAME Alice Henry	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NON	
17. INFORMANT'S SIGNATURE OR NAME Leo Haslam Shirley, Missouri		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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) asphyxiation ANTECEDENT CAUSES As morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) head caught between DUE TO (c) wall + bed during sleep II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shirley 110 Washington, Mo	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE D. L. Gibson D. C. Coronel (Degree or title) 3			23b. ADDRESS Potosi, MO.		23c. DATE SIGNED 8-12-53
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 8-12-1953	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Watsonville, Calif
DATE REC'D BY LOCAL REG. 8/12/53		REGISTRAR'S SIGNATURE Hyland Sudafo		25. FUNERAL DIRECTOR'S SIGNATURE Arthur Smith ADDRESS Potosi, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

1100
3

RECEIVED

AUG 13 1953

WASH. COUNTY HEALTH DEPT.

File No. 853-565

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

Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.