No. 300
10.48

580
1

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5689 State File No. **36438**

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 585

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt #2 MARCELINE
c. LENGTH OF STAY (In this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rt #2 MARCELINE, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: LINN 0570
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt #2 MARCELINE, Mo 0
d. STREET ADDRESS (If rural, give location): Rt #2 MARCELINE, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): —
c. (Last): HALEY

4. DATE OF DEATH (Month) (Day) (Year): 10 - 28 - 1953

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER 2
8. DATE OF BIRTH: 8 Nov. 1858
9. AGE (In years last birthday): 95 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): BROWNSVILLE, CANADA 2
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: DAVID HALEY
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: DECEASED

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 ADDRESS: MRS MAUDE TAYLOR - Rt #2 MARCELINE

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) Senility — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Chronic Atherosclerosis — 12 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture of Rt Humerus. — 6 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
E9020
21
20. AUTOPSY? YES ☐ NO ☑

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): Marceline. Linn 058 Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 10 1953 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell down bed.

22. *I hereby certify that I attended the deceased from* Sept 10 1953 *to* Oct 23, 1953, *that I last saw the deceased alive on* Oct 12, 1953, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy R Haley
(Degree or title): MD
23b. ADDRESS: Brookfield Mo
23c. DATE SIGNED: 10/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-28-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24d. LOCATION (City, town, or county) (State): MARCELINE, Mo

DATE REC'D BY LOCAL REG.: 10/28/53
REGISTRAR'S SIGNATURE: Marjorie Owens 401
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jas McLaughlin Marceline, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1951 8

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.