

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

559

State File No. ....

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5248 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Wayland Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-3 mi. N. Clifton Hill</u>	
c. LENGTH OF STAY (In this place) <u>Few min</u>		d. STREET ADDRESS (If rural, give location) <u>Rural route #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>on road near Prairie Hill</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cleo</u> b. (Middle) <u>Marlin</u> c. (Last) <u>Hailey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1st, 1954</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 6, 1902</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Andrew County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>W.F. Hailey</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy E. Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Hailey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>495-07-0672</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Hailey, #2; Clifton Hill</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck</u>		
	ANTECEDENT CAUSES As for the conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fog tractor overturned</u> DUE TO (c) <u>while loading on to truck</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E9121</u> <u>3</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wayland Twp. Chariton Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 1st 1954 10:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>tractor overturned while loading on truck</u>

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 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.D. Garnett Coroner of Chariton County</u>	23b. ADDRESS <u>Key Trussell Mo.</u>	23c. DATE SIGNED <u>Feb 1st 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-4-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>2-5-54</u>	REGISTRAR'S SIGNATURE <u>H. H. Hawkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>	ADDRESS <u>Huntsville Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 800  
10-48

0210

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, a

Student .....

Student Embalmer

Signed

*Tom B. Patton*

Licensed Embalmer No. *3914*

P. O. Address *Huntsville, Ala.*

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.