

STANDARD CERTIFICATE OF DEATH

 State File No. **2342**

FILED JAN 19 1954

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>442</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>			
b. CITY OR TOWN <u>Curryville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Curryville</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMES</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>LISA</u> b. (Middle) <u>PAVESTON</u> c. (Last) <u>HALLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan 12 1876</u>		9. AGE (In years, last birthday) <u>77</u>	IF UNDER 1 YEAR Month <u>11</u> Day <u>18</u>	IF UNDER 18 HRS. Hour <u>11</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pike Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Summer</u>			13b. MOTHER'S MAIDEN NAME <u>Miranda Gibbs</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Halley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John S Childs Curryville</u>			
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					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>alive on Jan 10, 1954</u> , and that death occurred at <u>7:30 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. C. Mudd</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Bearling Spring Mo.</u>		23c. DATE SIGNED <u>Jan 12-54</u>	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>Jan 19 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashley</u>		24d. LOCATION (City, town, or county) (State) <u>Ashley Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-15-54</u>		REGISTRAR'S SIGNATURE <u>Bell Robinson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Grace Danahad</u>		ADDRESS <u>Bearling Spring Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 29 1951

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

Harold C. Kiper

Licensed Embalmer No. *4597*

P. O. Address *Bowling Green*

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.