

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19641**

FILED JUN 22 1955

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY OR TOWN St. James		c. CITY OR TOWN St. James	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		STREET ADDRESS (If rural, give location) 0810	

3. NAME OF DECEASED (Type or Print)	a. (First) Margaret	b. (Middle) Ann	c. (Last) Haley	4. DATE OF DEATH (Month) (Day) (Year) June 11 1955
-------------------------------------	----------------------------	------------------------	------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 1, 1868	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Month 11 Day 10	IF UNDER 24 HRS. Hour _____ Min. _____
----------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Crawford County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	--

13a. FATHER'S NAME Waisted Lay	13b. MOTHER'S MAIDEN NAME Millie Chumley	14. NAME OF HUSBAND OR WIFE George Haley
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Carmlee Haley, St. James, Mo.	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma small bowel		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. age 87 prevented possible surgery			

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) _____	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) (Minute) _____	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 **1-3**, 1955, to **6-12**, 1955, that I last saw the deceased alive on **6-9**, 1955, and that death occurred at **9:15 p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) McClunderwood M.D.	23b. ADDRESS 202 West 10th Rolla Mo	23c. DATE SIGNED 6-12-55
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 14, 1955	24c. NAME OF CEMETERY OR CREMATORY Tadmor Cemetery	24d. LOCATION (City, town, or county) (State) Crawford Co, Missouri
--	-----------------------------------	--	---

DATE REC'D BY LOCAL REG. 6-14-1955	REGISTRAR'S SIGNATURE Ruth B. Powell 479-	FUNERAL DIRECTOR'S SIGNATURE C. Jesse Gabe St. James, Mo
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

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
Signature of Student Embalmer

Signed *C. Jesse Gahr*
Licensed Embalmer No. *448*

P. O. Address *St. Jan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.