

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25215

State File No. ....

FILED AUG 26 1955

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>164</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (date of admission). a- STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mexico</u> )		c. LENGTH OF STAY (in this case) <u>1 Week</u>		c. CITY OR TOWN <u>Benton City</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Allen Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>None</u> <span style="float: right;"><u>0040</u></span>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Dodson</u>		c. (Last) <u>Haislip</u>	
4. DATE OF DEATH		(Month) <u>August</u>		(Day) <u>21</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 12, 1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wellsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Shelton Haislip</u>		13b. MOTHER'S MAIDEN NAME <u>Shrida Perry</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Flossie Beahan</u> ADDRESS <u>Benton city, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>General Debility</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>1 yr</u> <u>5 yrs</u>	
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) _____ 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 <u>April, 1954</u> , to <u>Aug., 1955</u> that I last saw the deceased alive on <u>8-18, 1955</u> and that death occurred at <u>2:18</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Kallenbach</u>		(Degree or title) _____		23b. ADDRESS <u>M-D Mexico Mo</u>		23c. DATE SIGNED <u>Aug 22/1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 23, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 22-1955</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Pracht-Houston</u>		ADDRESS <u>Mexico, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

APR 9 1958

APR 8 1958

**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 *Ralph L. Houston*.....  
Licensed Embalmer No. *468*

P. O. Address *Mexico*.....

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.