

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27327

State File No.

0.300
0.48

0910

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

BIRTH NO.		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>4400</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Ripley.</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan.</u>		c. LENGTH OF STAY (In this place) <u>6 1/2 Days.</u>		c. CITY OR TOWN <u>Doniphan.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital.</u>		f. STREET ADDRESS <u>107 West Jefferson Street.</u>		g. (If rural, give location) <u>B910</u>		d. Is Residence within limits of a city or unincorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>Charles Fredrick Haley.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 5, 1955.</u>				
a. (First)	b. (Middle)	c. (Last)	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>January 24, 1887.</u>	9. AGE (In years last birthday) <u>68.</u>
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>Agriculture.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Eldorado, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willis Haley.</u>		13b. MOTHER'S MAIDEN NAME <u>Pendia C. Morris.</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Haley.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>489-18-6668.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. J. Barnes, St Louis, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>1 week.</u>	
		ANTECEDENT CAUSES				<u>5 years.</u>	
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b) <u>Arteriosclerosis</u>					
		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		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) <u>331 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>7-6, 1955</u> , to <u>8-5, 1955</u> , that I last saw the deceased alive on <u>Aug 5, 1955</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank Johnson M.D.</u>				23b. ADDRESS <u>Doniphan Mo.</u>		23c. DATE SIGNED <u>8-6-55.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CITY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>DONIPHAN, MISSOURI.</u>	
DATE REC'D BY LOCAL REG. <u>8-6-55</u>		REGISTRAR'S SIGNATURE <u>W. J. Barnes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Measat, Doniphan, Mo.</u>			

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..... *Ray Measor*

Licensed Embalmer No.. *374*

P. O. Address.. *Donipha*

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.