

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1956

State File No. 1020

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Idaho</b> b. COUNTY <b>Washington</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>1 month</b>	c. CITY OR TOWN <b>Weiser</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>750 Pioneer Road</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>VERTIE</b> b. (Middle) <b>WALTER</b> c. (Last) <b>HAILE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 1, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>16 Jan. 1883</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Billings, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Columbus N. Haile</b>		13b. MOTHER'S MAIDEN NAME <b>Lettie Howcroft</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Olive Haile</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ralph Lyle, Weiser, Idaho</b>	

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) <b>Thrombosis of subclavate artery</b>		<b>3 das</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis generalized</b>		<b>2 yrs.</b>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture, tibia &amp; fibula, simple</b>		<b>7 wks</b>	
19a. DATE OF OPERATION <b>1/25/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Fracture Simple, Tibia</b>		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 <b>049</b>	
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 **Nov 20, 1955**, to **Jan 1, 1956**, that I last saw the deceased alive on **Jan 1, 1956**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>S. C. Callaway, M.D.</b>	(Degree or title)	23b. ADDRESS <b>1211 S. Glenstone Springfield, Mo</b>	23c. DATE SIGNED <b>12/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove</b>	24b. DATE <b>5 Jan. 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Weiser, Idaho.</b>
DATE REC'D BY LOCAL REG. <b>1-3-56</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred C. Thorne, Springfield, Mo.</b> <i>Per Helen Johnson</i>	

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

MAR 2 1956

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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 H. Thieme*

Licensed Embalmer No. 3681  
Springfield,  
P. O. Address... Missouri..

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.