

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23556

State File No.

FILED AUG 9 - 1956

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Baptist Home - Inonten Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mitchel Mo.</u> b. COUNTY <u>St. Francois Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Home</u>		• STREET ADDRESS (If rural, give location) <u>0940</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Cornelius</u> c. (Last) <u>Halley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1956</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>Jan 6, 1866.</u>	9. AGE (in years) (Months) (Days) (Hours) (Min.) <u>90. 6 14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinoise</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Cornelius Halley</u>	13b. MOTHER'S MAIDEN NAME <u>Christiana Waters</u>	14. NAME OF HUSBAND OR WIFE <u>Widowed</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Christene Williams</u> ADDRESS <u>Flat River Mo.</u>
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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>ATHERIO SCLEROTIC HEART DISEASE</u>		<u>1 YR.</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	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (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 July 19, 1956, to July 20, 1956, that I last saw the deceased alive on July 20, 1956, and that death occurred at 9p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marvin C. Menne M.D.</u>	23b. ADDRESS <u>London Mo</u>	23c. DATE SIGNED <u>7-24-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 23</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Mitchell, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-28-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Lois Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks Funeral Home</u> ADDRESS <u>Bonne Terre Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

Signature *Ernest Sparks*

Licensed Embalmer No. *428*

P. O. Address *Bonne Lea*

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.