

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27544

State File No.

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 4296 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning Rural		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Browning		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				e. STREET ADDRESS (If rural, give location) 0580			
3. NAME OF DECEASED (Type or Print) a. (First) Grace		b. (Middle) Adelia		c. (Last) Haley		4. DATE OF DEATH (Month) (Day) (Year) 8 28 56	
5. SEX fe		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8 27 1897	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? C	
13a. FATHER'S NAME W. W. Hatch		13b. MOTHER'S MAIDEN NAME Viola Venerable		14. NAME OF HUSBAND OR WIFE Grover Daniel Haley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grover Daniel Haley Browning, Mo.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis - decompensation DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 days 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4222		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 Jan 1952, to Aug 25, 1956, that I last saw the deceased alive on Aug 27, 1956, and that death occurred at 4:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE I. R. Martin (Degree or title) M.D.				23b. ADDRESS Browning Mo		23c. DATE SIGNED Aug 31 - 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8 30 56		24c. NAME OF CEMETERY OR CREMATORY Jenkins		24d. LOCATION (City, town, or county) (State) Browning Rural Mo	
DATE REC'D BY LOCAL REG. Sept 1 - 56		REGISTRAR'S SIGNATURE Mrs. Biddie Kelley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wade Funeral Home Browning, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1650

SEP 10 1956

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 *Gerald I Wade*.....

Licensed Embalmer No. *417*.....

P. O. Address *Crown*.....

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.