

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31630**
Registrar's No. **355**

FILED SEP 24 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **2052**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town or township) Sedalia		c. LENGTH OF STAY (in this place) 40 yrs	c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION 1324 East 5th St		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		STREET ADDRESS (If rural, give location) 1324 East 5th Street 28040	

3. NAME OF DECEASED a. (First) FRANCES b. (Middle) _____ c. (Last) HAESLIP		4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 14, 1885
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Alterations		10b. KIND OF BUSINESS OR INDUSTRY Dept. Store	11. BIRTHPLACE (City and State or Foreign Country) 0
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Martin Pace	13b. MOTHER'S MAIDEN NAME Roseanne Leaton	14. NAME OF HUSBAND OR WIFE Thos. A. Haeslip
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Not obtained	17. INFORMANT'S SIGNATURE OR NAME Rosedene Shelby, Mo
		ADDRESS Sedalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Metastatic adenocarcinomatosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adeno Carcinoma of Prostate		
	DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X		

19a. DATE OF OPERATION 9/18/56	19b. MAJOR FINDINGS OF OPERATION Adeno Carcinoma (advanced) of Prostate	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)	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 **9/18**, 1956, to **9/19**, 1956, that I last saw the deceased alive on **9/19**, 1956, and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE W. B. Boyer M.D. (Degree or title)	23b. ADDRESS Sedalia, Mo	23c. DATE SIGNED 9/21/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/21/56	24c. NAME OF CEMETERY OR CREMATORY Memorial Park
		24d. LOCATION (City, town, or county) (State) Sedalia, Mo

DATE REC'D BY LOCAL REG. 9-21-56	REGISTRAR'S SIGNATURE Lavinia Cooney, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Dickert	ADDRESS Sedalia, Mo
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GILLESPIE FUNERAL HOME
SERALIA, MISSOURI
WRITE PLAINLY—USING UNFADING BLACK INK—MISSOURI RECORD

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 *Russell C. Mang*.....

Licensed Embalmer No. *486*.....

P. O. Address *Sedalia,*.....

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.