

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9698

State File No.

FILED MAR 25 1957

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>0</u>	c. CITY OR TOWN <u>Higbee</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Osteopathic Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>None</u>		
3. NAME OF DECEASED a. (First) <u>Albert</u> b. (Middle) <u>Lee</u> c. (Last) <u>Hairl</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Nov 15-1868</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>watch maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>watch maker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Francis Hairl</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sweetman</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-123-240</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Susie Bruce</u>		ADDRESS <u>Higbee Mo</u>	
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, arteria, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterioles Nephrosclerosis</u>			<u>unknown</u>		
DUE TO (c) <u>Advanced Arteriosclerosis</u>			<u>unknown</u>		
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>446X</u>		20. AUTOPSY? <u>2</u> 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 <u>9-26, 1957</u> , to <u>3-14, 1957</u> , that I last saw the deceased alive on <u>9-14, 1957</u> , and that death occurred at <u>8:45 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Per Y. Brohmson M.D.</u>			23b. ADDRESS <u>Higbee Mo</u>		23c. DATE SIGNED <u>3-14-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 17-1957</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Fair View</u>	24d. LOCATION (City, town, or county) (State) <u>8 mi So-Higbee Mo</u>		
DATE REC'D BY LOCAL REG. <u>Mar 14-57</u>	REGISTRAR'S SIGNATURE <u>Locherlaue</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W S R Nelson</u>		

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

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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 *H S R Johnson*

Licensed Embalmer No. *3001*

P. O. Address *Higbee*

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.