

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10353
STATE FILE NUMBER
2140

FILED MAR 27 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>				c. CITY OR TOWN <i>BOWLING GREEN</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MO. BAPTIST</i>				Length of stay in 1b <i>3 days</i>		37 STREET ADDRESS (If outside, give location) <i>...</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Guy MOTLEY HALEY</i>				4. DATE OF DEATH Month Day Year <i>MARCH 1 1957</i>			
5. SEX <i>M</i>		6. COLOR OF RACE <i>W</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>MARCH 4, 1911</i>	
9. AGE (In years last birthday) <i>45</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>ELECTRIAN</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>PIKE CO. MO. 0</i>	
10c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
13. FATHER'S NAME <i>JOHN HALEY</i>				14. MOTHER'S MAIDEN NAME <i>MARK YOUNG</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES</i>				16. SOCIAL SECURITY NO. <i>704-10-8193</i>		17. INFORMANT Address <i>JEANETTE HALEY BOWLING GREEN MO.</i>	
18. CAUSE OF DEATH [Enter only one cause pertinent for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Skull; Subdural and Subarachnoid Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>suffered in accident in Bowling Green, Missouri, track race.</i> DUE TO (c) <i>...</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Place and Nature of same</i>							
20a. MANNER OF DEATH SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <i>Open Verdict</i>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I, Part II of item 18.) <i>could not be determined</i>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>31</i>			
20f. CITY, TOWN, OR LOCATION <i>Bowling Green Mo</i>				20g. COUNTY STATE <i>Mo</i>			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>11:15 p. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Patrick C. Taylor Coroner 3</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>MAR 2 - 1957</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>3/5/1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>MEMORIAL GARDEN</i>		23d. LOCATION (City, town, or county) (State) <i>BOWLING GREEN, MO.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>GRAVE BANKHEAD BOWLING GREEN MO</i>				25. DATE RECD. BY LOCAL REG. <i>MAR 4 '57</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D. S.P.</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 27 1957

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..... *Harold C. Kirk*

Licensed Embalmer No. *459*

P. O. Address *Reading Pa*

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.