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FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24166
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 734

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57

Klingner

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield p. 396
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in 1b 40 yrs.	d. STREET ADDRESS (If outside, give location) 1326 E. Blaine
3. NAME OF DECEASED (Type or print) First JAMES Middle IRVIN Last HAILE			4. DATE OF DEATH Month July Day 19 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10 Oct. 1906
9. AGE (In years last birthday) 50 1/2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	11. BIRTHPLACE (City and state or country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Electrician	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Marvin Haile		13b. MOTHER'S MAIDEN NAME Fannie Armou	14. NAME OF HUSBAND OR WIFE Ada Haile
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. Unknown	17. INFORMANT Address Hospital Records
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio vascular renal disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442x			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____			
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.)	
		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from Death occurred at 3:10 A.M. 7-56 to 7-19-57 and last saw her alive on 7-19-57 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. M. Klingner M.D.</i>		22b. ADDRESS 1630 N. Jefferson Springfield, Missouri	
		22c. DATE SIGNED 7-19-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-21-57	
23c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery		23d. LOCATION (City, town, or county) (State) Sparta, Missouri	
24. FUNERAL DIRECTOR <i>J. W. Klingner & Co.</i>		25. DATE RECD. BY LOCAL REG. 7-22-57	
ADDRESS Spgfd. Mo.		26. REGISTRAR'S SIGNATURE <i>Edith Welhamer</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF ANATOMY
OFFICE OF THE STATE EMBALMER
CHICAGO, ILLINOIS

1957

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF ANATOMY
OFFICE OF THE STATE EMBALMER
CHICAGO, ILLINOIS

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 *Glenn D. Williams*

Licensed Embalmer No. *4651*
P. O. Address *Springfield*

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.