Health, Welfare Public Service

300 D 1-57

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1627

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): JOPLIN — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): FREEMAN HOSPITAL — Length of stay in 1b: ALWAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 513 CENTRAL ST. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CARLA Middle: DIANE Last: HAILEY

4. DATE OF DEATH Month: JANUARY Day: 9 Year: 1958

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: STUDENT

8. DATE OF BIRTH: OCT. 27, 1949

9. AGE (In years last birthday): 8 — 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): STUDENT

10b. KIND OF BUSINESS OR INDUSTRY: EAST CENTRAL SCHOOL

11. BIRTHPLACE (City and state or country): JOPLIN, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: HOWARD HAILEY

13b. MOTHER'S MAIDEN NAME: HARRIET JORDAN

14. NAME OF HUSBAND OR WIFE: --------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: HOWARD HAILEY, 513 CENTRAL, JOPLIN, MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hemothorax	1/2 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Rupture Vena Cava	1/2 hour
DUE TO (c)	Crushing Injury to Chest	1/2 hour

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Run over by school bus

20c. TIME OF INJURY Hour: 4:00 a.m. p.m. Month, Day, Year: 1,9,58

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

20f. CITY, TOWN, OR LOCATION: Joplin COUNTY: Jasper STATE: Mo.

21. I attended the deceased from 1-9-58, to 1-9-58 and last saw her alive on 1-9-58
Death occurred at 4:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bart F. Woodridge, M.D.

22b. ADDRESS: Joplin Mo.

22c. DATE SIGNED: 1-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 1-11-58

23c. NAME OF CEMETERY OR CREMATORY: SAGINAW CEMETERY,

23d. LOCATION (City, town, or county) (State): SAGINAW, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

25. DATE RECD. BY LOCAL REG.: Jan. 14 1958

26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCTOR, CORONER, etc. must use only standard nomenclature in Item 18. No symptoms will be tolerated. All diseases in Part I must be causally related.

Jasper County Health Office
County File Number 58-1-[illegible]
Date Filed JAN 20 1958

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.