

Health,
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

3

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4182

FILED FEB 3 1958

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 6193 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ridgedale</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Hallston</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>on Hwy 65 Lawmen.</u> Length of stay in lb <u>Lawmen.</u>		d. STREET ADDRESS (If outside, give location) <u>P.O. Box</u> 1068 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lotis Lorraine Haley</u>			4. DATE OF DEATH Month Day Year <u>1-28-58</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-18-1914</u>
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxi driver</u>	11. BIRTHPLACE (City and state or country) <u>State of Oklahoma, USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jerome Russell</u>		13b. MOTHER'S MAIDEN NAME <u>Dulcie Loyd</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Gene Gardner</u> Address <u>Hallston Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal Injuries</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Head fracture</u> DUE TO (c) <u>Basilar skull fracture</u>			INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
20a. ACCIDENT <input checked="" 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.) <u>ran off Highway into tree</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>11:45 p.m. 1-28-58</u>		20d. INJURY OCCURRED WHILE AT <input checked="" 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.) <u>Highway 65 & Mo. S. Ave</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Ridgedale Taney MO</u>	
21. I attended the deceased from Death occurred at <u>11:45 p.m. 1-28-58</u> to <u>1-28-58</u> and last saw her alive on <u>1-28-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Walter S. Cook Coroner</u>		22b. ADDRESS <u>Fairfax Mo</u>	
22c. DATE SIGNED <u>1-29-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-31-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield, MO</u>	
24. FUNERAL DIRECTOR <u>Whelchel F. Home</u> ADDRESS <u>Branson Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-1-58</u>	
26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u>			

FEB 11 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 *Minnie Wheeler*

Licensed Embalmer No. *2277*

P. O. Address *Branson*

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.