

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005118
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield</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>St. Johns (DOA)</u>		Length of stay in 1b <u>10 years</u>	d. STREET ADDRESS (If outside, give location) <u>1017 Benton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>BETTY</u> Middle <u>JEAN</u> Last <u>HAILES</u>			4. DATE OF DEATH Month <u>February</u> Day <u>27</u> Year <u>1958</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 13, 1936</u>
9. AGE (In years, last birthday) <u>21</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and state or country) <u>Edwardsville, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Arthur Rauch</u>	
13b. MOTHER'S MAIDEN NAME <u>Lee Etta Stowe</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Hailes</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Henry Hailes, Springfield, Missouri</u> Address
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>CRUSHED CHEST</u>			INTERVAL BETWEEN ONSET AND DEATH <u>last</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>SHE WAS PASSENGER IN ONE CAR ACCIDENT. HER HUSBAND WAS DRIVER. SLID ON ICE CAUSED BY BEING BLOWN BY GUST OF WIND. SLID INTO DITCH AND OVERTURNED</u>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. HIGHWAY 60</u>	20f. CITY, TOWN, OR LOCATION <u>EDGE SPRINGFIELD</u> COUNTY <u>GREENE</u> STATE <u>MISSOURI</u>		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>Approx. 11:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edith A. Thiene</u> (Degree or title) <u>Springfield, Missouri</u>		22b. ADDRESS <u>Springfield, Missouri</u>	
22c. DATE SIGNED <u>3/11/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>March 3, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Buffalo, Missouri</u>
24. FUNERAL DIRECTOR <u>Edith A. Thiene</u> Address <u>Region H. Thieme, Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-2-58</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

EMBALMED

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 *Lee Mason*

Licensed Embalmer No. *4568*

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.