

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014209
State File No.

FILED MAY 9 1958

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>2009</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40 Yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				STREET ADDRESS (If rural, give location) <u>709 Benton</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Haley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 2, 1884</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Resturant work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Resturant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Decatur, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Peter Haley</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Bowen</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Haley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Haley</u>		ADDRESS <u>709 Benton</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>30 Min</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>							
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Benign Prostate Hypertrophy</u>						<u>1 yr.</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>with</u>						<u>6-10 X</u>	
19a. DATE OF OPERATION <u>4-18-58</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostate Hypertrophy</u>						20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from <u>4-8</u> , 19 <u>58</u> , to <u>4-18</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4-18</u> , 19 <u>58</u> , and that death occurred at <u>10:35 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wm. A. Staggs</u>			23b. ADDRESS <u>M. O. 1030 Angulo K.C. Mo</u>			23c. DATE SIGNED <u>4-18-58</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 21, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-19-58</u>		REGISTRAR'S SIGNATURE <u>Wm. A. Staggs</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huehlebach</u>		ADDRESS <u>Huehlebach Funeral Home 6800 Troost</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Wm. A. Staggs

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.....

Licensed Embalmer No. 4797

P. O. Address U. C. Meekals

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.