

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-027017
 State File No.

FILED JUL 28 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2015

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ---		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 14 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION 24 St. Louis Children's Hospital		e. STREET ADDRESS (If rural, give location) 27 1538 Purdue #281	
3. NAME OF DECEASED (Type or Print) a. (First) Gail b. (Middle) Teresa c. (Last) Haley		4. DATE OF DEATH (Month) (Day) (Year) 7 14 58	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 8-4-54
9. AGE (In years last birthday) 3		10. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) Kennett, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lester Burl Haley	
13b. MOTHER'S MAIDEN NAME Betty Mobley		14. NAME OF HUSBAND OR WIFE ---	
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. ---	
17. INFORMANT'S SIGNATURE OR NAME St. Louis Children's Hospital		ADDRESS 500 S. Kingshighway	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC ARREST ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ENDOCARDIAL FIBROELASTOSIS DUE TO (c) 754.4 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		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 6-30, 1958, to 7-14, 1958, that I last saw the deceased alive on 7-14, 1958, and that death occurred at 10:40 a.m., from the causes and on the date stated above.			
23a. SIGNATURE J. Neal Middelkamp (Degree or title) M.D.		23b. ADDRESS St. Louis 10, Missouri 500 S. Kingshighway	
23c. DATE SIGNED 7-14-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 14th 58	
24c. NAME OF CEMETERY OR CREMATORY Piggott, Arkansas		24d. LOCATION (City, town, or county) (State) Montgomery City Missouri	
DATE REC'D BY LOCAL REG. JUL 15 58		REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) Russell, Piggott, Ark.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

2-77A 9A 909

STATEMENT BY LICENSED EMBALMER

ENTOMBED BY A STUDENT

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 *Harvey Noble*.....

Licensed Embalmer No. *4596*

P. O. Address *Flouissant*.....

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.