

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 000395

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 34

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| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff | | c. CITY OR TOWN Poplar Bluff | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home | | d. STREET ADDRESS (If outside, give location) 502 Don St. | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Isaac Samuel Halley | | | 4. DATE OF DEATH Month Day Year Jan. 7, 1959 | | |
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|-------------|------------------------|---|--------------------------------|------------------------------------|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 28, 1876 | 9. AGE (In years last birthday) 82 | 10. UNDER 1 YEAR Months Days Hours Min. 9 9 | 11. UNDER 24 HRS. Hours Min. 9 9 |
|-------------|------------------------|---|--------------------------------|------------------------------------|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Barber | 11. BIRTHPLACE (City and state or country) Kirksville, Mo. | 12. CITIZEN OF WHAT COUNTRY? U. S. A |
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| 13a. FATHER'S NAME George Halley | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Mary Halley |
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| 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 Address Mary Halley Poplar Bluff, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apoplexy | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerosis | | 10 yrs. |
| | DUE TO (c) Hypertension moderate. | | 10 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous apoplectic episodes. 334x | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input 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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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21. I attended the deceased from 1955 to Jan 7, 1959 and last saw him alive on Jan 5, 1959
Death occurred at 9:05 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Cynthia A. Post M.D. | 22b. ADDRESS Poplar Bluff, Mo. | 22c. DATE SIGNED 19 Jan 59 |
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|---|-----------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Jan. 10, | 23c. NAME OF CEMETERY OR CREMATORY Woodland | 23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Chapel, Poplar Bluff | 25. DATE RECD. BY LOCAL REG. 1/24/59 | 26. REGISTRAR'S SIGNATURE R. Muette |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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-57

RECEIVED

JAN 28 1951

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Edgar W. Casford

Licensed Embalmer No. 3394

P. O. Address Poplar Bluff

**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.**