

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

59-012295  
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Adair</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Kirksville</u> <sup>0013</sup> <sub>0</sub>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of mo</u>		d. STREET ADDRESS (If outside, give location) <u>509-5 1st Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Leondis</u> Last <u>Halley</u>		4. DATE OF DEATH Month <u>4</u> Day <u>21</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-5-1943</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>15</u>
11. BIRTHPLACE (City and state or country) <u>Kirksville, Adair Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS HALLEY</u>		13b. MOTHER'S MAIDEN NAME <u>Buelah Halley (ADAMS)</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>HOSPITAL RECORDS</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>GLIOBLASTOMA MULTIFORME LEFT FRONTAL</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 WKS.</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) <u>DEHYDRATION</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from <u>APRIL 20, 1959</u> to <u>APRIL 21, 1959</u> and last saw <sup>her</sup> alive on <u>APRIL 21, 1959</u> Death occurred at <u>12 NOON</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Walter P. Bright, Jr. M.D.</u> (Degree or title)		22b. ADDRESS <u>801 STADIUM ROAD - COLUMBIA</u>	22c. DATE SIGNED <u>APRIL 21, 1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>April 21 1959</u>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or country) (State) <u>KIRKSVILLE Mo</u>
24. FUNERAL DIRECTOR <u>Parsons Funeral Services Columbia Mo</u>		25. DATE RECD. BY LOCAL REG. <u>April 21 1959</u>	26. REGISTRAR'S SIGNATURE <u>Miss R. E. Palmer</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57 C

MAY 5 1959

APR 28 1959

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 *George A. Keeby*

Licensed Embalmer No. *4757*

P. O. Address *Columbia, Mo.*

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.