URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

EILED VS MAR 2 8 1960

60-011715

STATE FILE NUMBER

ENDED

Registration District No. 184 Primary Registration District No. 4300 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LACLEDE — Length of stay in 1b: 24 YRS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: LINN
c. CITY OR TOWN: LACLEDE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: EMMETT Middle: ARLO Last: HALEY

4. DATE OF DEATH: Month 3 Day 21 Year 60

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-15-95
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months 11 Days 6
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): WAYNE Co., IOWA
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: DANIEL HALEY
13b. MOTHER'S MAIDEN NAME: MATHILDA SCHWIRTZ
14. NAME OF HUSBAND OR WIFE: CHARLOTTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: CHARLOTTE HALEY, Address: LACLEDE, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PHENOL POISONING — INTERVAL BETWEEN ONSET AND DEATH: 30 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): DRINKING CARBOLIC ACID
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): DEPRESSION OVER HEALTH
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): —
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 6:10 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title): Coroner
22b. ADDRESS: Meadville, Mo.
22c. DATE SIGNED: 3-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-23-60
23c. NAME OF CEMETERY OR CREMATORY: JENKINS CEMETERY
23d. LOCATION (City, town, or county) (State): BROWNING, Mo.

24. FUNERAL DIRECTOR: BROTHERS, ADDRESS: LACLEDE, Mo.
25. DATE RECD. BY LOCAL REG.: 3-23-60
26. REGISTRAR'S SIGNATURE: Kathaline Johnson Dep

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER [illegible]R 29 [illegible]

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Blake Glidden

Signature of Student Embalmer

Licensed Embalmer No. 5019

P. O. Address Laclede [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con[illegible] 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.