# RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039127
STATE FILE NUMBER

FILED VS OCT 1 0 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 485

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JOPLIN — Length of stay in 1b: 70 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 36TH & WISCONSIN — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: NEWTON
c. CITY OR TOWN: JOPLIN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 36TH & WISCONSIN — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First SALLY Middle JO Last HAILEY
4. DATE OF DEATH: Month OCTOBER Day 12, Year 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-13-1862
9. AGE (last birthday): 98
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): PINEVILLE, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: DANIEL McCOULLEY
13b. MOTHER'S MAIDEN NAME: MARY FRIEND
14. NAME OF HUSBAND OR WIFE: WILLIAM D. HAILEY, DECD 1946
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.: NONE
17. INFORMANT: SON- Address: FRED HAILEY, 36TH & WISCONSIN AVE.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Circulatory Failure | 8 Hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Decompensated Cor Pulmonale | 3 Days |
| DUE TO (c) | Lobar Pneumonia | 1 Week |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

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 ☐ None
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-8-60 to 10-12-60 and last saw her alive on 10-11-60
Death occurred at 2:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. Stephens, D.O. (Degree or title) D.O.
22b. ADDRESS: 211 W. 20th St., Joplin, Mo.
22c. DATE SIGNED: 10-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-14-60
23c. NAME OF CEMETERY OR CREMATORY: OSBORNE MEMORIAL,
23d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 10-13-
26. REGISTRAR'S SIGNATURE: Doris Merriam

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

## STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed F. M. Jones

Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.