

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006074

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. — Registrar's No. 43

AMENDED

FILED VS FEB 20 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Longwood Township</u>		Length of stay in lb <u>83 Years</u>	c. CITY OR TOWN <u>Houstonia, Route # 1</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>11 Mi. No. Sedalia, H-W 65</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>15 Miles North of Sedalia</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LENA MAY HALEY</u>			4. DATE OF DEATH Month Day Year <u>February 11, 1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-2-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>83</u> Months Days Hours Min.
11a. FATHER'S NAME <u>Jacob Eppler</u>		11b. MOTHER'S MAIDEN NAME <u>Mary Meyers</u>	11. BIRTHPLACE (City and state or country) <u>Longwood Missouri</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12b. SOCIAL SECURITY NO. <u>none</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		14. NAME OF HUSBAND OR WIFE <u>William J. Haley</u>	
IMMEDIATE CAUSE (a) <u>pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mon</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive Heart failure</u>		<u>3 yr</u>	
DUE TO (c) <u>A.S.H.D</u>		<u>20 yr.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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
21. I attended the deceased from <u>1956</u> to <u>2-11-61</u> and last saw her <u>1-22-61</u> alive on <u>1-22-61</u>		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Clavin L. Lowe MD</u>		22b. ADDRESS <u>Sedalia Mo</u>	22c. DATE SIGNED <u>2-13-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 13, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highpoint Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pettis County, Mo.</u>
24. FUNERAL DIRECTOR <u>D. W. Heckart Sedalia, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>2-14-1961</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>

**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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, 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.