

FILED NOV 4 1957

STANDARD CERTIFICATE OF DEATH

64

Registration District No.

133

Primary Registration District No.

3022

Registrar's No.

S. 300
av. 1-57

1. PLACE OF DEATH a. COUNTY <i>Harrison</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Harrison</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bethany</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Bethany</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Reid Hospital</i>		Length of stay in lb	d. STREET ADDRESS <i>None</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Anna Lee Haley</i>		First Middle Last	4. DATE OF DEATH Month Day Year 10-24-57
S. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-15-1879
9. AGE (In years last birthday) <i>78</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. KIND OF BUSINESS OR INDUSTRY <i>None</i>	12. BIRTHPLACE (City and state or country) <i>Harrison County Mo. U.S.</i>
13a. FATHER'S NAME <i>Thomas W. Ely</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Jane Ely</i>	14. NAME OF HUSBAND OR WIFE <i>Charles F. Haley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Virgil Haley Bethany Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Diabetic Acidosis & Coma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i>	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) <i>Diabetes Mellitus</i>		10 yrs.	
DUE TO (c) <i>Arteriosclerotic Heart Disease</i>			
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 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> 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 <i>10-22-57</i> to <i>10-24-57</i> and last saw her alive on <i>10-24-57</i> Death occurred at <i>6:30 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Gilbert H. Throeger</i> (Degree or title) <i>D.O.</i>	22b. ADDRESS <i>Bethany, Missouri</i>	22c. DATE SIGNED <i>10-26-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-27-57</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Allen Cemetery</i>	23d. LOCATION (City, town, or county) <i>Eagleville Mo.</i> (State)
24. FUNERAL DIRECTOR <i>M. Maxey</i>	ADDRESS <i>Bethany Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>10-28-1957</i>	26. REGISTRAR'S SIGNATURE <i>Bella Maxey</i>
(Licensed Embalmer's Statement on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATIONDoctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.47
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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 *W.W. Haas*

Licensed Embalmer No. *3899*

P. O. Address *Anthony, 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.