

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12069

State File No.

BIRTH NO. _____ REG. DIST. NO. 99- PRIMARY REG. DIST. NO. 5378 Registrar's No. 29

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| 1. PLACE OF DEATH a. COUNTY DeKalb | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MO. b. COUNTY DeKalb | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Union Star <u>POLA SUP</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star Mo. R.R. <u>1321</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION At home | | d. STREET ADDRESS (If rural, give location) 2 Mi. N.E. of Union Star Mo. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Mary May | b. (Middle) Hailey | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 18, 1951 |
|--|--------------------|-----------|--|

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|---------------|------------------------|--|-------------------------------|------------------------------------|--------------------------|-------------------------|-------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr. 3, 1885 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months 0 | IF UNDER 4 HRS. Days 15 | Hours | Min. |
|---------------|------------------------|--|-------------------------------|------------------------------------|--------------------------|-------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY Same | 11. BIRTHPLACE (State or foreign country) Craig Co Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME George Sarver | 13b. MOTHER'S MAIDEN NAME ?? Morgan | 14. NAME OF HUSBAND OR WIFE James S. Hailey. |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS James S. Hailey Union Sta Mo. R.R. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 14 hrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Apr 18, 1951, to 4.18.51, 1951, that I last saw the deceased alive on Not at all and that death occurred at 4:45 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. M. Reynolds</u> (Degree or title) | 23b. ADDRESS Union Star Mo. | 23c. DATE SIGNED 4.20.51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4.20.51 | 24c. NAME OF CEMETERY OR CREMATORY Union Star | 24d. LOCATION (City, town, or county) (State) Union Star Mo. |
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| DATE REC'D BY LOCAL REG. 4-26-51 | REGISTRAR'S SIGNATURE <u>Roscoe Dairman</u> 820 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R. B. Gaggat</u> ADDRESS King |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1320
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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
Student Embalmer

Signed R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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 this body is not embalmed, fact should be so stated above.