

S. No. 300
v. 10.48

1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 29

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHFIELD</u>		c. LENGTH OF STAY (In this place) <u>35 3/40</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHFIELD MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>1170</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOCKEY</u> b. (Middle) <u>JANE</u> c. (Last) <u>HAILEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 14 1872</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR <u>3</u> Months <u>14</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>AVA MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>HENRY BRAZEAH</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH BRAZEAH</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES HAILEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>HARRY HAILEY</u> ADDRESS <u>MARSHFIELD</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		DUE TO (b) <u>Hip fracture</u>		<u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		<u>5 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshfield Webster MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 23 1952 3:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on left hip</u>	

22. I hereby certify that I attended the deceased from Oct 24, 1951, to May 28, 1952, that I last saw the deceased alive on May 27, 1951, and that death occurred at 130 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Morton E. Gentan, M.D.</u>		23b. ADDRESS <u>Marshfield, Mo.</u>		23c. DATE SIGNED <u>May 31 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>	
24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u>					

DATE REC'D BY LOCAL REG. <u>6/2/52</u>		REGISTRAR'S SIGNATURE <u>St Francis 393</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BARBER-BARTO MARSHFIELD</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1170

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. W. Barb

Licensed Embalmer No. 3848

P. O. Address Int'l Home, 2nd

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.