No. 300
10-48
660
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FILED AUG 8 - 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

22920

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 5778a Registrar's No. 77

**1. PLACE OF DEATH**
a. COUNTY: MILLER COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL JIM HENRY
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST LOUIS
c. CITY OR TOWN: VALLEY PARK
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 11 WYNSTAY 4761

**3. NAME OF DECEASED** (Type or Print)
a. (First): PAUL
b. (Middle): JOSEPH
c. (Last): HAFLEY

**4. DATE OF DEATH** (Month) (Day) (Year): JULY 20 1955

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): DIVORCED
**8. DATE OF BIRTH**: AUG. 21, 1916
**9. AGE** (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): FIRE CAPTAIN
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): GASCONADE Co., MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: DANIEL W. HAFLEY
**13b. MOTHER'S MAIDEN NAME**: ELLA MAE FOSTER
**14. NAME OF HUSBAND OR WIFE**:

**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.**:
**17. INFORMANT'S SIGNATURE OR NAME**: George Hafley — ADDRESS: Eureka, Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Accidental Drowning
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
850+

INTERVAL BETWEEN ONSET AND DEATH:

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 38
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Osage River
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Jim Henry (Twp) Miller Mo
0660

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 7 20 1955 7:30 p.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☑
**21f. HOW DID INJURY OCCUR?**: Boat overturned, subject drowned

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* Approx. 7:30 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Herman V. Abbett - Acting Coroner
**23b. ADDRESS**: Tuscumbia, Missouri
**23c. DATE SIGNED**: 7-26-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: JULY 24, 1955
**24c. NAME OF CEMETERY OR CREMATORY**: BETHEL CEMETERY
**24d. LOCATION** (City, town, or county) (State): POND MISSOURI

**DATE REC'D BY LOCAL REG.**: 7-27-55
**REGISTRAR'S SIGNATURE**: John G. Schweitzmann 391-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Louis D. Phillips — ADDRESS: Eldon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEPA

AUG 1954

**STATEMENT BY LICENSED EMBALMER**

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Ernest L. Young...

Licensed Embalmer No...47..

P. O. Address Eldon, ..

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