

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031505

STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 352 Primary Registration District No. 6191 Registrar's No. 65

300

1-57

1. PLACE OF DEATH a. COUNTY <b>Taney</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ozark Beach Forsyth</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lakeview Rest Home</b> Length of stay in 1b <b>2 Wks</b>		d. STREET ADDRESS (If outside, give location) <b>4002 E. 53 rd St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>LOUIS G. HAILEY</b>			4. DATE OF DEATH Month Day Year <b>Aug. 7, 1958</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 23, 1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired railroad</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Boilermaker</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Hailey</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Boone</b>	14. NAME OF HUSBAND OR WIFE <b>Gertrude Hailey</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT Address <b>Mrs Gertrude Hailey Kansas City, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Inappreciation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <b>Hemorrhage - cerebral</b> DUE TO (c) <b>Senility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5410</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a))			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <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 <b>7-26-58</b> to <b>8-7-58</b> and last saw <sup>her</sup> him alive on <b>8-7-58</b> Death occurred at <b>9-7-58 2:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Mary King, D.O.</b>		22b. ADDRESS <b>Forsyth, Mo.</b>	22c. DATE SIGNED <b>8-9-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>8-8-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Silvis Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Silvis, Ill</b>
24. FUNERAL DIRECTOR ADDRESS <b>W.S. Cobb Forsyth, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-22-58</b>	26. REGISTRAR'S SIGNATURE <b>Heleen Campbell</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 2 1958

SEP 2 1958

SEP 25 1958

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 *Walter S. Cobb* .....

Licensed Embalmer No. *4731* .....

P. O. Address *Amoyth, TN* .....

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.