

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010311  
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 255 Primary Registration District No. 5873 Registrar's No. 14

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>OREGON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OREGON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ALTON SPRINGS, MO-</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ALTON SPRINGS</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>DONNA</b> Middle <b>FAY</b> Last <b>PALLEY</b>			4. DATE OF DEATH Month <b>3</b> Day <b>29</b> Year <b>1959</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-4-1959</b>	9. AGE (in years last birthday) F UNDER 1 YEAR Months <b>1</b> Days <b>25</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>HAROLD PALLEY</b>		13b. MOTHER'S MAIDEN NAME <b>DAISEY FARRIS</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
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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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT Address <b>HAROLD PALLEY ALTON, MO-</b>		
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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>Infection: Rupture middle ear in to brain.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3912</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Prior : Infections</b>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

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.)		
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Alton,</b>		COUNTY <b>Oregon</b>	STATE <b>Mo.</b>
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21. I attended the deceased from **Birth** to **3-29-59** and last saw ~~her~~ **him** alive on **2-26-59**  
Death occurred at **8:05** **am** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>		(Degree or title) <b>D.O. 2</b>	22b. ADDRESS <b>Alton, Mo.</b>		22c. DATE SIGNED <b>3-31-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>AURIAL</b>		23b. DATE <b>3-30-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BAILEY CEMETARY</b>		23d. LOCATION (City, town, or county) (State) <b>OREGON COUNTY, MO-</b>
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24. FUNERAL DIRECTOR <b>John A. Gray - Alton, Mo</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>4-2-59</b>	26. REGISTRAR'S SIGNATURE <b>Musew Johnson</b>	
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 *John D. Clary* .....  
Licensed Embalmer No. *4475* .....

P. O. Address *Box 398 Albany* .....

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.