

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7279

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>ST FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FARMINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FARMINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 WEST LIBERTY</u>		d. STREET ADDRESS (If rural, give location) <u>107 207 WEST LIBERTY</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>L OSCAR</u> b. (Middle) <u>LEE</u> c. (Last) <u>HAILE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 18, 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 4 1864</u>	9. AGE (In years last birthday) <u>88</u>	10. IF UNDER 1 YEAR Month <u>06</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ABSTRACT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. FRANCOIS CO. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>					

13a. FATHER'S NAME <u>THOMAS H. HAILE</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CAMPBELL</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>NO</u>	16. SOCIAL SECURITY # <u>498-14-2178</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HARVEY HAILE</u>	ADDRESS <u>FARMINGTON MO</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 das.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> <u>5 yrs.</u>		
	DUE TO (c) <u>Generalized arteriosclerosis</u> <u>15 yrs.</u>		
11. 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 <u>4200</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953, to Feb 18, 1953, that I last saw the deceased alive on 2/17/53, 1953, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. R. Rosier, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Farmington, Mo.</u>	23c. DATE SIGNED <u>2/20/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb 20, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u>	24d. LOCATION (City, town, or county) (State) <u>FARMINGTON MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 20, 1953</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C H COZEAN</u>	ADDRESS <u>FARMINGTON MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300-10.48

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

MAY 7 1956

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 _____

Ch Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.