AMENDO NEW WILLS NO THIS STULL VS 300 Rev. 4/59 Log 9 D 20 89 D 20 8						SION OF HEALTH — STAND	ARD	CERTI	FICATE O	F DEATH	<u></u> 6	52-01	L2311_	
1. PLACE OF CREAM N. COUNTY Ray	DO NOT WRITE				Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 30 STATE FILE NUMBER									
No. COUNTY Ray County Cou	ON THIS STUB									TO DELLA DECIDENC	E Milhera decayed live	al 18 talatais	Desidence before	
Deep Control	VS 300	ا ھا	11		ł					II			admission)	
ADDRESS ADDR	Rev. 4/59	2			I —	b. CITY (If outside corporate limits, give TOWN)	SHIP only)	Lens	gth of stay in 1b	c. CITY	1		Inside Limits	
ADDRESS ADDR	_	WE				TÖWN Richmond Townsh	ip	mi	nutes		hmond		Yes 🗋 No 💢	
3 NAME OF DECEASED FIRST Middle Lear Open Control of Co	10890	E			I	c. FULL NAME OF (If NOT in hospital, give local HOSPITAL OR	tion)		1 1	d. STREET		give location)	Reside on Farm	
3 NAME OF DECEASED FIRST Middle Lear Open Control of Co	20890,	DAT			I _	institution Ray County H	ospi	tal Yes□ No A□ Route # 2			ite # 2	<u> </u>	Yes 🔀 No 🗆	
GORDO Lee Hale Sex		1			[-			Middl	e .	Last	4. DATE Mor	nth Da	sy Year	
S. SEX S. COLOR OR RACE 7. Married Never Married S. DATE OF BIRTH 7. AGE (last brinday) IF UNDER 'YEAR IF UNDER 'Whither Whither Whither Whither Whither S. SEX M. DATE S. DATE OF BIRTH 7. AGE (last brinday) IF UNDER 'YEAR IF UNDER 'Whither S. DATE S. DATE OF BIRTH 7. AGE (last brinday) IF UNDER 'YEAR IF UNDER 'Whither S. DATE S. DATE S. DATE OF BIRTH 7. AGE (last brinday) IF UNDER 'YEAR IF UNDER 'Whither S. DATE					l		L	ee	Hale	1		ch 25	1962	
TO USUAL OCCUPATION (circ kind of work does 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and tiste or country) 12. CITIZEN OF WHAT COUNTY NO. 12. CITIZEN OF WHAT COUNTY NO. 13s. FATHER'S NAME Raymond Hale 15. WAS DECEASED EVER IN U.S. ABABED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Entire only one cause aper line for (a), (b), and (c). 19. CAUSE OF DEATH (Entire only one cause aper line for (a), (b), and (c). 10. Conditions, if any, which gave rise to above cause (a). 11. CAUSE OF DEATH (Entire only one cause aper line for (a), (b), and (c). 11. CAUSE OF DEATH (Entire only one cause aper line for (a), (b), and (c). 12. INDUSTRY ALL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Entire only one cause aper line for (a), (b), and (c). 19. CAUSE OF DEATH (Entire only one cause aper line for (a), (b), and (c). 10. Conditions, if any, which gave rise to above cause (a). 10. CONDITION COUNTINGUING CONTRIBUTING TO DEATH but not related to the terminal line as preparatory in last 90 in the cause stated. 10. WAS AUTOPS? 20. ACCIDENT SUICIDE HOMICIDE 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 11 of PART 11 of Item 18.) 10. INJURY OCCURRED WAS AUTOPS, trees, fistory, street, fistory,	4 0				-					10. DATE OF BIRMS			EAR IF UNDER 24 HR	
10. SUNAL OCCUPATION (Give kind of work done done) 10. SUNAL OCCUPATION (Give kind of work done) 10. SOCIAL SEQUITY (Give kind of work done) 10. SOCIAL SEQUITY (Give kind of work done) 10. SOCIAL SEQUITY (Give kind of kind of work done) 10. SOCIAL SEQUITY (Give kind of kind of work done) 10. SOCIAL SEQUITY (Give kind of kind	5 0			1								1 - 1	3	
13. FATHER'S NAME 13. MACTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. SOCIAL SECURITY NO. 17. INFORMANT Address NOTHER SECURITY NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). NOTHER SECURITY NO. 17. INFORMANT Address NOTHER SECURITY NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). NOTHER SECURITY NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). NOTHER SECURITY NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). NOTHER SECURITY NO.		_တ ြ			l 14	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	105. KINI	D OF BUSIN	NESS OR INDUSTRY	Y 11. BIRTHPLACE (Ci	ty and state or country)	12. CITIZEN	OF WHAT COUNTRY	
15. WAS DECEASED EVER IN U.S. ABMED FORCES? (Yes, no, grunknown) [if yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO. NO. Raymond Hale Rickmond, Missouri No. No					[,				DIC MAIDEN NAME					
15. WAS DECEASED EVER IN U.S. ABMED FORCES? (Yes, no, grunknown) [if yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO. NO. Raymond Hale Rickmond, Missouri No. No	70	하니			•		1 .		_	E.	1	103BAND OK V	VIFE	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 11		~ I 1			0	Yes, no, or unknown) (If yes, give war or dates of	service)			ì			Miagonni	
INMEDIATE CAUSE (a) IMMEDIATE		꽃		<u>=</u>	J –	18. CAUSE OF DEATH (Enter only one cause per	line for (a), (b), and ((c).	naymond i	ISTO HICH	iiOna i	INTERVAL BETWEEN	
which gave rise to above cause (a), stating the underly lying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal here a pregnancy in last 90 per	10 1	·		Æ	PART I. DEATH WAS CAUSED BY:								ONSET AND DEATH	
which gave rise to above cause (a), stating the underly lying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal here a pregnancy in last 90 per	11	ğ		5										
Value Valu		Conditions, if any,) DUE TO (b) In feel , UN do Manigacale							cocole					
Value Valu		S IZ			which gave rise to above cause (a),									
TO THE PROPERTY OF THE PART I		- 1-1		-	ļ		<u>د</u> .	wid	<u> 2 が 4</u>	<i>id</i> =				
TO STATE OF Hour Month, Day, Year INJURY OCCURRED WHILE AT WORK Death occurred at To Death oc		5			CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was female was female was female was pregnancy in last 90 days.								
TO STATE OF Hour Month, Day, Year INJURY OCCURRED WHILE AT WORK Death occurred at To Death oc	ļ					-						· · · · · · · · · · · · · · · · · · ·		
TO STATE OF Hour Month, Day, Year INJURY OCCURRED WHILE AT WORK Death occurred at To Death oc	İ	[살			Ĕ	19. WAS AUTOPSY 208. ACCIDENT SUICID	E HOMI		06. DESCRIBE HO	W INJURY OCCURRED.	Enter nature of injury in	PART I or PAR	RT II of item 18.)	
Death occurred at		2				YES NO 2		' l						
Death occurred at	N S S S	\$	11		ĪĊ	20c. TIME OF Hour Month, Day, Year					<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Part of white At work 1 21. I attended the decessed from 3-12-62 Death occurred at 7:0) p m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Death occurred at 3-15-62 Death occurred at 4-3-62 R; A mand Man 4-3-62 A-3-62 Death occurred at 4-3-62 D		۱ ۱			MED	p.m.				· · · · · · · · · · · · · · · · · · ·	<u></u>			
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) S	호				22a. SIGNATURE.			[•	/ 10 -		22c. DATE SIGNED	
233. BURIAL (Specify) 235. DATE 236. HOW College of Committee of Commi	-	S	11	VIT		decorrect Con	フ		EMETERY OF COE				4-3-196	
		Ö		BY AFFIDA		REMOVAL (Specify) 2 27 1062								
SIP181 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	J	Z				DULTAL P		OUTAI		/				
Thomas J. Carter, Richmond, Missourik-4-1962 Maluf Sackson		ITE			_			i. Mi	<u> </u>		[A A	and.		
(Licensed Embalmer's Statement on Reverse Side)	1	1-1	1 1	1-	ـــ ا	III and or variety into	14014011				- June	me		

STATEMENT BY LICENSED EMBALMER

t hereby certify that the body whose name	e is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision,	Signed Thomas J. Parter
Signature of Student Embalmer	Licensed Embalmer No. 4474
	P.O. Address Richmond, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.