

2053

STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1949

State File No. ....

Registrar's No. ....

No. 300  
10.48

BIRTH NO. .... REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5898

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dora Mo R.R. Richland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dora Missouri, R. R.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Amanda ...</u>		d. STREET ADDRESS (If rural, give location) <u>Ozark, Co Richland Township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Hale</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 11 49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 22, 1860</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 12 HOURS Days <u>21</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Wayne Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Timothy C. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ODELL</u>	14. NAME OF HUSBAND OR WIFE <u>Johnathan Hale</u>
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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 NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Charles Hale,</u>	ADDRESS <u>Dora, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>10/15</u> 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>H</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 4, 1949, to Jan 10, 1949, that I last saw the deceased alive on Jan 10, 1949, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. H. ...</u>	(Deputy or title) <u>Dr.</u>	23b. ADDRESS <u>Ava, Mo.</u>	23c. DATE SIGNED <u>Jan 12, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 13, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dora, Mo. Ozark Co</u>
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DATE REC'D BY LOCAL REG. <u>1-10-49</u>	REGISTRAR'S SIGNATURE <u>William ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orinkingbeal Funeral Home</u>	ADDRESS <u>Gainesville Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**  
District Health Officer No. 6,  
District File Number 149-76  
Date Filed 1-28-49

**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 \_\_\_\_\_

*Chuter A Roof*

Licensed Embalmer No. 3044

P. O. Address Gainesville 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.