

FILED MAY 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12795

Registrar's No. 136

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3126

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 3 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If rural, give location) Spring Branch & Holke Road	
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) ADRIAN c. (Last) HALE		4. DATE OF DEATH (Month) (Day) (Year) April 29, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1, 1870
9. AGE (In years last birthday) 78		10. MONTHS 5	11. DAYS 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Harrison County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Hale	
13b. MOTHER'S MAIDEN NAME Kathryn L. Hale		14. NAME OF HUSBAND OR WIFE Kathryn L. Hale	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Kathryn L. Hale, Independence, Mo.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Phlebotrombosis of legs DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary infarcts (multiple)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		19d. INTERVAL BETWEEN ONSET AND DEATH Immediate 46 1/2 weeks	
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) m.	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 <u>4/21</u> , 19 <u>49</u> , to <u>4/29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/29</u> , 19 <u>49</u> , and that death occurred at <u>12:50 P</u> m., from the causes and on the day stated above.			
23a. SIGNATURE (Degree or title) Vance E. Link, M.D.		23b. ADDRESS VANCE E. LINK, M.D. 1st Nat'l. Bank Bldg. INDEPENDENCE, MO.	23c. DATE SIGNED 4/30/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/3/49	24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	24d. LOCATION (City, town, or county) (State) Jackson County, Missouri
DATE REC'D BY LOCAL REG. Apr. 30, 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE 354 Roland R. Speaks	ADDRESS Funeral Home, Indep

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

1-4-49

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.

Signed Stanley M. Seaton

Signed _____
Student Embalmer

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.