

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15531**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **420-A**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>20 years</b>		c. CITY OR TOWN <b>Springfield</b>		d. STREET ADDRESS (If rural, give location) <b>2020 West Walnut</b>	
3. NAME OF DECEASED (Type or Print) <b>William A Hale</b>				a. (First) <b>William</b>		b. (Middle) <b>A</b>	
c. (Last) <b>Hale</b>		4. DATE OF DEATH <b>May 10 1949</b>		(Month) <b>May</b>		(Day) <b>10</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>August 9, 1890</b>	
9. AGE (In years last birthday) <b>58</b>		IF UNDER 1 YEAR <b>0</b>		IF UNDER 1 YEAR <b>0</b>		IF UNDER 24 HRS. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shop Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Jezard Produce Co</b>		11. BIRTHPLACE (State or foreign country) <b>Christian County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William A Hale</b>			13b. MOTHER'S MAIDEN NAME <b>Ida Payne</b>			14. NAME OF HUSBAND OR WIFE <b>Elsie Hale</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elsie Hale, Springfield, Missouri</b>			
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) <b>Paralysis Agitans</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>  <b>3.50X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Minute)		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 <b>Jan</b> , 1948, to <b>May</b> , 1949, that I last saw the deceased alive on <b>May</b> , 1949, and that death occurred at <b>7:35 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W.D. Dineen</b> (Degree or title)				23b. ADDRESS <b>M.D. Springfield, Mo.</b>		23c. DATE SIGNED <b>5-12-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 12 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Selmore Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Near Ozark, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5-16-49</b>		REGISTRAR'S SIGNATURE <b>W.S. Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma Lohmeyer</b> ADDRESS <b>Funeral Home, Springfield, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Jewell E. Wendle

Licensed Embalmer No. 2831

P. O. Address Springfield

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.