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

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29581

State File No.

BIRTH NO. REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 5195 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Prairie Twp
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3½ Mi North of Norborne

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Prairie Twp
d. STREET ADDRESS (If rural, give location): 3½ Mi. North of Norborne

3. NAME OF DECEASED (Type or Print): a. (First) CARRIE b. (Middle) A. c. (Last) HALE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27, 1949

5. SEX: Fe.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 15, 1865
9. AGE (In years last birthday): 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll County Mo
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Oscar B. Queen
13b. MOTHER'S MAIDEN NAME: Sarah Scott
14. NAME OF HUSBAND OR WIFE: Minor Hale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. O. T. Stevens — **ADDRESS**: Norborne, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage, left — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Hypertension — 10 yrs
DUE TO (c) — 331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 6 mo

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1st, 1948, *to* Sept 27, 1949, *that I last saw the deceased alive on* Sept 27, 1949, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene Bales M.D. — (Degree or title)
23b. ADDRESS: Carrollton Mo.
23c. DATE SIGNED: Sept 27/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/29/49
24c. NAME OF CEMETERY OR CREMATORY: St. Marys Cem
24d. LOCATION (City, town, or county) (State): Carrollton Mo

DATE REC'D BY LOCAL REG.: Sept 28 1949
REGISTRAR'S SIGNATURE: Eileen Pennington
FUNERAL DIRECTOR'S SIGNATURE: Standley Gibson — **ADDRESS**: Carrollton, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 5 Rec'd
District Health Officer No. 6,
District File Number
Date Filed 10-5-49

NOV 22 1950

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 Ben W. Gibson

Signed ..... Student Embalmer

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.