

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34431**

FILED OCT 20 1949

BIRTH NO. 66030-49 REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY OR TOWN <u>ELDON</u>	c. LENGTH OF STAY (In this place) <u>10 min</u>	c. CITY OR TOWN <u>ELDON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>115 Colorado Ave</u>		d. STREET ADDRESS (If rural, give location) <u>815 Colorado Ave</u>	

3. NAME OF DECEASED (Type or Print) <u>"Rocky"</u>	a. (First)	b. (Middle)	c. (Last) <u>HALE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct - 11 1949</u>	9. AGE (In years last birthday) <u>-</u> IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> IF UNDER 12 HOURS Min. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Eldon, Mo. S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lloyd HALE</u>	13b. MOTHER'S MAIDEN NAME <u>Aubta CLARK</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd HALE</u>	ADDRESS <u>ELDON-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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(28 weeks)</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>776 X</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> m.	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from 10/11 1949, to 10/11, 1949, and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert E. Murrell 2 D.O.</u>	23b. ADDRESS <u>ELDON MO</u>	23c. DATE SIGNED <u>11 Oct 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11 Oct 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELDON - Mem</u>	24d. LOCATION (City, town, or county) (State) <u>ELDON MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct 11, 1949</u>	REGISTRAR'S SIGNATURE <u>Robert E. Murrell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kaye</u>	ADDRESS <u>ELDON MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

District File Number
District Health Officer No. 9,
RECEIVED
OCT 18 1949

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 Keith McKays

Licensed Embalmer No. 3958

P. O. Address Eldon 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.