

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **87689**

FILED DEC 13 1949

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>516</u>	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin, Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1242 W. 9th (Home)				d. STREET ADDRESS (If rural, give location) 1242 W. 9th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) G. c. (Last) Hale			4. DATE OF DEATH (Month) (Day) (Year) Nov 23, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 17, 1878		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 6 Days 6	IF UNDER 24 HRS. Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining Engineer			10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) California, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME G Hale			13b. MOTHER'S MAIDEN NAME Elizabeth Hailey		14. NAME OF HUSBAND OR WIFE Stella 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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stella Hale, 1242 W. 9th Joplin MO				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 7 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) Arterio-Sclerosis					OVER 10 Yrs.	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					321x	
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) 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 Nov. 18, 1949 , to Nov. 23, 1949 , that I last saw the deceased alive on Nov. 23, 1949 , and that death occurred at 1:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. M. ...			23b. ADDRESS 1702 Joplin St. Joplin Mo.			23c. DATE SIGNED 11-26-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-26-49	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial		24d. LOCATION (City, town, or county) (State) Joplin, Missouri			
DATE REC'D BY LOCAL REG. 11-28-49	REGISTRAR'S SIGNATURE Ed. P. James		25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary		ADDRESS Joplin, Mo		

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

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RECEIVED 12-5-49
Jasper County Health Office

County File Number 49-11-926

Date Filed 12-5-49

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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.