

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41112

State File No. 5343

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5343

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>La Fayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>4 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KANSAS CITY CONVALESCENT HOME</u>		d. STREET ADDRESS (If rural, give location) <u>3200 NORLEDGE AVENUE</u>	
3. NAME OF DECEASED a. (First) <u>PETER</u>		b. (Middle) _____	c. (Last) <u>HALE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-15-1949</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG-10-1869</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>80 YRS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>LEXINGTON, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>WILLIAM HALE</u>	
13b. MOTHER'S MAIDEN NAME <u>KATHERINE LOWRY</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. NELLIE DORAN HALE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. HARDY RAY WARRENSBORO, MO</u>
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) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. <u>Atherosclerosis, gen.</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>LEXINGTON MISSOURI</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>July 1, 1949</u> to <u>Dec 15, 1949</u> ; that I last saw the deceased alive on <u>Dec 1, 1949</u> , and that death occurred at <u>6:25 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Print or type) <u>Paul G. Pearson M.D.</u>		23b. ADDRESS <u>1025 Reath Bldg. K.C. Mo</u>	
23c. DATE SIGNED <u>12/16/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>DEC-16-1949</u>		24c. NAME OF CEMETERY OR-CREMATORY <u>MACPELAH CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>LEXINGTON MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Newcome's Sons 1731 BRUSH CREEK BLVD KANSAS CITY, MO</u>	
DATE REC'D BY LOCAL REG <u>12-16-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	

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

1-4
(Case)

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 _____

Albert L. Savage
working under my personal supervision.

Student Embalmer No. *360*

Student *Albert L. Savage*
Student Embalmer *360*

Signed *John C. Fraking*
Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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.