

S. No. 300
V. 10.48

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1004

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4334 Registrar's No. 2

470
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Iron Twsp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 1 mi. South of Belleview	

3. NAME OF DECEASED (Type or Print) a. (First) Lucian b. (Middle) Ervin c. (Last) Hale	4. DATE OF DEATH (Month) (Day) (Year) Jan. 13 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 31 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 12	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired, Engineer	10b. KIND OF BUSINESS OR INDUSTRY Ill. Cent. R.R.	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Hale	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lila Warncke Hale
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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 Mrs. Lila Hale	ADDRESS Belleview Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1/12/50 1/9/50 24 HRS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute Bronchitis DUE TO (c) chronic Bronchial asthma ?		
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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-9, 1950, to 1-13, 1950, that I last saw the deceased alive on 1-13, 1950, and that death occurred at 9:20A m., from the causes and on the date stated above.

23a. SIGNATURE J. E. J. Harland (Degree or title)	23b. ADDRESS 118 N. Main Street, Ironton, Mo.	23c. DATE SIGNED 1-14-50
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24a. BURIAL, CREMATION, REMOVAL, REMOVAL OF REMAINS	24b. DATE 1-15-50	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	24d. LOCATION (City, town, or county) (State) Madison Illinois
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DATE REC'D BY LOCAL REG. Jan. 16, 1950	REGISTRAR'S SIGNATURE Mrs. Aris Jones 128	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.
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150-107

RECEIVED

JAN 23 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-107

NOV 29 1961

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.....

Licensed Embalmer No.....

P. O. Address.....

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.