

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7585

State File No.

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5105 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>EDWARDS PRT Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EDWARDS RR 1</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>8 1/2 miles EAST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>W</u>	c. (Last) <u>HALE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1950</u>
--	---------------------------	-------------------------	--------------------------	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 12, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 6 HRS. Days <u>20</u>	IF UNDER 1 HR. Hours <u>0</u>	IF UNDER 1 MIN. Min. <u>0</u>
-----------------------	----------------------------------	--	---	--	---------------------------------------	--------------------------------------	-------------------------------------	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM OWNER</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	--	---

13a. FATHER'S NAME <u>THOMAS HALE</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY McChinnis</u>	14. NAME OF HUSBAND OR WIFE <u>MARY ANN 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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ann HALE</u>	ADDRESS <u>Edwards, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>2 yrs</u>
	DUE TO (c) <u>Senility</u>		<u>33 1/2</u> <u>1 yr</u>

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Mar 15, 1950, to April 2, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Emucally D D</u>	(Denom or title)	23b. ADDRESS <u>Warsaw, Mo</u>	23c. DATE SIGNED <u>4-3-50</u>
---------------------------------------	------------------	-----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>April 4, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Benton County, Mo</u>
--	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Apr. 4-1950</u>	REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Brown</u>	ADDRESS <u>Warsaw, Mo</u>
--	---	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 3-50-365

Date Filed 4-10-50

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

Jack Wilson

Licensed Embalmer No. 4643

P. O. Address Warsaw

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.