

No. 300
10-48

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7704
Registrar's No. 354

BIRTH NO. 13112-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Easton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospt.		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Baby	b. (Middle) Boy	c. (Last) (Twin A) Hale	4. DATE OF DEATH (Month) (Day) (Year) March 20, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 20, 1950	9. AGE (In years last birthday) 17	10. UNDER 1 YEAR Months 0 Days 0	11. UNDER 14 YRS. Hours 2 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Oscar Hale	13b. MOTHER'S MAIDEN NAME Iva Potter	14. NAME OF HUSBAND OR WIFE none
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Potter	ADDRESS Rt. 6 St. Joseph, 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, ashenia, 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) Prematurity, five to six months		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		776X	

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 8:20p
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22. I hereby certify that I attended the deceased from Mar. 20, 1950 to Mar 20, 1950, that I last saw the deceased alive on March 20, 1950, and that death occurred at 8:20pm, from the causes and on the date stated above.

23a. SIGNATURE <u>Quinn W. Stang</u> (Degree or title) M.D.	23b. ADDRESS <u>The Tootle Building</u> <u>St. Joseph, Missouri</u>	23c. DATE SIGNED <u>3-21-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 21, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 23, 1950</u>	REGISTRAR'S SIGNATURE <u>W. G. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl A. Clark</u>	ADDRESS <u>120 Illinois Ave</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed Erica Clark.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4238.....

P. O. Address St Joseph.....

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.