

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8148

State File No. _____

300

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5348</u>		Registrar's No. <u>16</u>													
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Dallas</u>											
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Louisburg</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisburg</u>		d. STREET ADDRESS (If rural, give location) <u>0300 D</u>													
d. FULL NAME OF HOSPITAL OR INSTITUTION																			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Mary</u>			b. (Middle) <u>Jane</u>			c. (Last) <u>Hale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-19-1950</u>							
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>			8. DATE OF BIRTH <u>Aug-15-1866</u>			9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 24 HRS. Days <u>4</u>		Hours <u></u>		Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Pittsburg, MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>Jasper Pitts</u>				13b. MOTHER'S MAIDEN NAME <u>Harriet Dorman</u>				14. NAME OF HUSBAND OR WIFE <u>William Hale</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Jess Hale</u>				ADDRESS <u>Louisburg, Mo</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3-1-50</u>							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES								?							
				DUE TO (b) <u>Atherosclerosis</u>															
				DUE TO (c)															
				II. OTHER SIGNIFICANT CONDITIONS								+201							
				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)											
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 <u>3-1</u> , 19 <u>50</u> , to <u>3-19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-19</u> , 19 <u>50</u> , and that death occurred at <u>1:30 p. m.</u> , from the causes and on the date stated above.																			
23a. SIGNATURE (Degree or title) <u>M.D. J. B. Vaughn</u>				23b. ADDRESS <u>Buffalo Mo</u>				23c. DATE SIGNED <u>3-27-50</u>											
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1342121</u>				24b. DATE <u>3-21-50</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Mission Ridge Cem</u>				24d. LOCATION (City, town, or county) (State) <u>Dallas Co MO</u>							
DATE REC'D BY LOCAL REG. <u>4/8/50</u>				REGISTRAR'S SIGNATURE <u>Mrs J. B. Vaughn</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Reser</u>				ADDRESS <u>Urban 2, MO</u>							

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

RECEIVED
District Health Officer No. 7,
District File Number 3-50-345
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

Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address

Urbana, 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.