

FILED OCT 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32810

State File No.

0142
2

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp no 1</u>		d. STREET ADDRESS (If rural, give location) <u>823 Washington</u>	
3. NAME OF DECEASED (Type or Print) <u>BARNIE</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>HALE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Dec 5 1889</u>
9. AGE (In years last birthday) <u>60</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Kennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>american</u>
13a. FATHER'S NAME <u>John Hale</u>	13b. MOTHER'S MAIDEN NAME <u>DK</u>	14. NAME OF HUSBAND OR WIFE <u>widower</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>DK</u>	16. SOCIAL SECURITY NO. <u>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp w/ Fulton</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDIAL DETH</u> ANTECEDENT CAUSES <u>Mural endocarditis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS: <u>Cardiac hypertrophy, pulmonary, cerebral and renal infarctions.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>4214</u>	
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)	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>Aug 11, 1950</u> to <u>Oct 5, 1950</u> that I last saw the deceased alive on <u>Oct 5, 1950</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>MJ Miller M.D.</u>		23b. ADDRESS <u>Fulton Mo.</u>	23c. DATE SIGNED <u>10-5-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 10, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct-10-1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.C. Weeks</u> ADDRESS <u>Fulton Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

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.