

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1144

238

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 65 YEARS	c. CITY OR TOWN KANSAS CITY	3748
d. FULL NAME OF HOSPITAL OR INSTITUTION 5414 Charlotte Street		d. STREET ADDRESS (If rural, give location) 5414 Charlotte Street	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Wesley	c. (Last) HALE	4. DATE OF DEATH	(Month) JAN	(Day) 15	(Year) 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 15, 1863	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 15 yrs	10b. KIND OF BUSINESS OR INDUSTRY FOOD SALESMAN	11. BIRTHPLACE (State or foreign country) FOSTORIA Ohio	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES BOYLE HALE	13b. MOTHER'S MAIDEN NAME Emily WISEMAN	14. NAME OF HUSBAND OR WIFE HENRIETTA HALE	DEC
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE AND ADDRESS Phillip HALE 5615 CHARLOTTE KANSAS CITY MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Thrombosis	ANTECEDENT CAUSES	1 Hr
	DUE TO (b) Atherosclerosis	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	years
	DUE TO (c) Myocarditis	II. OTHER SIGNIFICANT CONDITIONS	years
	Conditions contributing to the death but not related to the disease or condition causing death.		4201

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)	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 11-1-1950 to 1-15-1951, that I last saw the deceased alive on 1-15-1951, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE John O. Skinner M.D. (Degree or title)	23b. ADDRESS 1402 Bryant Alley	23c. DATE SIGNED 1-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 17 1951	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 1-17-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS O.H. Newcomer Sons 1331 BASH CREEK KANSAS CITY, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Charles H. Stehney*

Licensed Embalmer No. 4560

P. O. Address K.P. 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.