

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9536

State File No.

BIRTH NO. 86868-50 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>413 East 7th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>413 East 7th</u>			

3. NAME OF DECEASED a. (First) <u>KATHLEEN</u> (Type or Print)		b. (Middle) <u>ANN</u>		c. (Last) <u>HALE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>*****</u>		8. DATE OF BIRTH <u>Dec. 16, 1950</u>		9. AGE (In years) (Month) (Days) (Year) last birthday <u>3</u> <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>David William Hale</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Heckelman</u>		14. NAME OF HUSBAND OR WIFE <u>*****</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David Wm. Hale</u>		ADDRESS <u>413 E. 7th Sedalia, Mo.</u>	
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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	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMATOMA - SUBDURAL</u>		DUE TO (b) <u>accidental fall on head 2 weeks</u>		69020	
		ANTECEDENT CAUSES		DUE TO (c)		01	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS		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 checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SEDALIA PETTIS MO.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MARCH - 1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>FELL OF BED ONTO FLOOR</u>	
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22. I hereby certify that I attended the deceased from 27 MARCH 1951, to 28 MARCH 1951, that I last saw the deceased alive on 27 MARCH 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Karl R. Jones MD</u>		(Degree or title)		23b. ADDRESS <u>Union Bank - Sedalia Mo</u>		23c. DATE SIGNED <u>28 March</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/29/51</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3/29/51</u>		REGISTRAR'S SIGNATURE <u>Karl R. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quane Ewing</u>		ADDRESS <u>Sedalia, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0804

0804

RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 4-2-51

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 P. E. Baker

Signed.....
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.