

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11344**
Registrar's No. **37**

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) Rural North Mo 2-1-12		c. LENGTH OF STAY (in this place) 2-1-12		c. CITY (If outside corporate limits write RURAL and give township) Springfield		OR TOWN 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3				d. STREET ADDRESS (If rural, give location) Greene Co Home			
3. NAME OF DECEASED a. (First) LOUISA F. HALE			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 3-12-51
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH 3-15-71	9. AGE (In years last birthday) 79	if UNDER 1 YEAR Months 11 Days 27	if UNDER 12 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mukawa			13b. MOTHER'S MAIDEN NAME Mukawa		14. NAME OF HUSBAND OR WIFE Widow		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hospital record			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 7
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension					
		DUE TO (c) Severe debilitation					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		447X	
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 1-20 , 19 49 , to 3-12 , 19 51 , that I last saw the deceased alive on 3-12 , 19 51 , and that death occurred at 4:11 p.m., from the causes and on the date stated above.							
23a. SIGNATURE R. H. Hall M.D.				23b. ADDRESS Woods Mo		23c. DATE SIGNED 3-12-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Remove		24b. DATE 3-13-51	24c. NAME OF CEMETERY OR CREMATORY Manley Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Mo.		
DATE REC'D BY LOCAL REG. 3-19-51		REGISTRAR'S SIGNATURE Arma E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE Herman H. Johnson			
				ADDRESS Springfield			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 26 1951

Dist. File 331-636

Date Filed 3-26-51

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.....
Student Embalmer

Signed Marsh Eichegger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.