

FILED JUL 8 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19650

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

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 218 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural (Big Creek) all life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (- Big Creek) 0198	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles N.W. Pleasant Hill		d. STREET ADDRESS (If rural, give location) Hill 3 Miles N.W. Pleasant Hill	
3. NAME OF DECEASED a. (First) William b. (Middle) Henry c. (Last) Hale			4. DATE OF DEATH (Month) (Day) (Year) July 3 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 4-10-1875
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during 5 years of life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Pleasant Hill, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James E. Hale		13b. MOTHER'S MAIDEN NAME Nancy Dillow	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Hale Pleasant Hill, Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) ARTERIO-SCLEROTIC HEART DUE TO (c) DIS EASE 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"/>		4200	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in/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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 A M, from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) [Signature]		23b. ADDRESS Harrisonville Mo	23c. DATE SIGNED July 3, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Rural	24b. DATE 7-5-51	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Pleasant Hill Mo
DATE REC'D BY LOCAL REG July 6, 1951	REGISTRAR'S SIGNATURE Dora Barward 4571	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen Brownfield Pleasant Hill, Mo	

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.....

William L. Anderson

Signed.....
Student Embalmer

Licensed Embalmer No. *4674*

P. O. Address *Pleasant Hill, M*

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.