

FILED SEP 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26183

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>891</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0105</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>21 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winston</u> <u>0310</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Perry</u> b. (Middle) <u>A.</u> c. (Last) <u>Hale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 23, 1951</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 3, 1882</u>	
9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>owner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>restaurant</u>		11. BIRTHPLACE (State or foreign country) <u>Weatherby, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Samuel Hale</u>			13b. MOTHER'S MAIDEN NAME <u>Cynthia Castor</u>		14. NAME OF HUSBAND OR WIFE <u>Leota A. Hale</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Leota A. Hale, Winston, Missouri</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of Liver</u> DUE TO (c) <u>Chronic alcoholism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>8/2/51</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5811</u>					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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>8/2</u> , 19 <u>51</u> , to <u>8/23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/22</u> , 19 <u>51</u> , and that death occurred at <u>12:40A</u> , m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. H. Carpenter</u>		23b. ADDRESS <u>M.D. 902 Edwards</u>		23c. DATE SIGNED <u>8/23/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>8/23/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winston</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 30, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casler</u> <u>116</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heston-Brown Funeral Home</u> <u>87 Joseph, Mo.</u>			

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 William Gulding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St, Rapid, 2

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.