

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34186**

*Kopp*  
*0541*

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville, Mo.</u>	
c. LENGTH OF STAY (for this place) <u>58 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>402 West 22nd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Corena</u> b. (Middle) <u>Victoria</u> c. (Last) <u>Hale</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>5</u> (Year) <u>1951</u>	
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-16-1866</u>	9. AGE (In years last birthday) <u>84</u> If UNDER 1 YEAR Months <u>9</u> Days <u>19</u> If UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Rockport, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Aaron Baughman</u>	13b. MOTHER'S MAIDEN NAME <u>Sara A. Sapp</u>	14. NAME OF HUSBAND OR WIFE <u>John H. Hale</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Oral Hale</u> ADDRESS <u>Higginsville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>  <u>Years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		
	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 (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) (Min.)	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 Sept, 1950 to Oct 5, 1951, that I last saw the deceased alive on Oct 4, 1951, and that death occurred at 6: A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Koppensunk, MD</u> (Degree or title)	23b. ADDRESS <u>Higginsville, Mo.</u>	23c. DATE SIGNED <u>Oct 10, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-7-51</u>	24c. NAME OF CEMETERY OR CREAMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 12 - 1951</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederick S. Hofer</u> ADDRESS <u>Higginsville, Mo.</u>
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RECEIVED

OCT 16 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed OCT 16 1951

OCT 26 1951

OCT 12 1951

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 Forrest S. Hoefler

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.