

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7038

State File No.

FILED MAR 10 1952

BIRTH NO. REG. DIST. NO. 852 PRIMARY REG. DIST. NO. 6187 Registrar's No. 15

060
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lanney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lanney</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Protem Rural - Big Creek Twp</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Protem Mo - Rural - Big Creek Twp</u>	d. STREET ADDRESS (If rural, give location) <u>Lanny Co Mo - Big Creek Twp</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lanny Co Mo - Big Creek Twp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u> b. (Middle) <u>ELLER</u> c. (Last) <u>HALE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-29-52</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-12-1876</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>State of Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Rhodes</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Farell</u>	14. NAME OF HUSBAND OR WIFE <u>Latham 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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom L. Hale</u>	ADDRESS <u>Protem Mo R.R.</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 <u>12 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thromboplegia</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.	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 <u>334X</u>	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) (m.)	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 Feb 16, 1952 to Feb 29, 1952, that I last saw the deceased alive on Feb 20, 1952, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. J. L. ...</u>	23b. ADDRESS <u>... Greenville, Mo</u>	23c. DATE SIGNED <u>2-1-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rhodes Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lanney Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 9-1952</u>	REGISTRAR'S SIGNATURE <u>J E Cogswell</u>	376-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. ...</u>	ADDRESS <u>... Greenville, Mo</u>
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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 _____

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working under my personal supervision.

Student Embalmer No.

Signed *Christa A. Rog*

Signed.....
Student Embalmer

Licensed Embalmer No. *3044*

P. O. Address *Gambell 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.