

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7112

State File No.

FILED FEB 19 1952

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6255 Registrar's No. 7

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| 1. PLACE OF DEATH a. COUNTY <u>Wayne</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louder</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louder</u> <u>1110</u> | |
| c. LENGTH OF STAY (in this place) <u>life</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|-------------------------------------|---------------------------|-------------|-----------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>CHARLES</u> | b. (Middle) | c. (Last) <u>HALE</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>1-30-52</u> |

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|--------------------|-------------------------------|---|-----------------------------------|---|---|---|
| 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>2-17-1893</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u> | IF UNDER 24 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>Timberwork</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Timber</u> | 11. BIRTHPLACE (State or foreign country) <u>Madison County Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|-------------------------------------|---------------------------|---|
| 13a. FATHER'S NAME <u>Wash Hale</u> | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE <u>Henretta Rathoff</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Wash Hale</u> ADDRESS <u>Louder Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Charred tissue</u> DUE TO (c) <u>Fire</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <input checked="" type="checkbox"/> | 19b. MAJOR FINDINGS OF OPERATION <u>E9160 16</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neal Greenville Wayne Mo</u> |
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|--|---|---|
| 21d. TIME OF INJURY <u>9:30</u> (Day) (Year) (Hour) <u>30</u> <u>1952</u> m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fire of undetermined origin</u> |
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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 9:30., from the causes and on the date stated above.

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|--|--------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Marvin E. Bowler Coroner</u> | 23b. ADDRESS <u>Hedmont Mo</u> | 23c. DATE SIGNED <u>Feb 12/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-2-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Haley Chapel</u> | 24d. LOCATION (City, town, or county) (State) <u>Neal Louder Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>2 14 1952</u> | REGISTRAR'S SIGNATURE <u>Mabel Beasley</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Marvin E. Bowler</u> ADDRESS <u>Greenville Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

FEB 18 1952

WAYNE CO. HEALTH CENTER

FILE No. 252-18

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 _____

Mu

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Marvin E. Bowler* _____

Licensed Embalmer No. *4426* _____

P. O. Address *Bedford, 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.