

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8832

FILED MAR 17 1952

| | | | | | | | | |
|---|--|---|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>160</u> | | PRIMARY REG. DIST. NO. <u>3030</u> | | Registrar's No. <u>15</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u> | | c. LENGTH OF STAY (In this place) <u>30 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u> | | d. STREET ADDRESS (If rural, give location) <u>215 S. Adams St.</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>G.</u> c. (Last) <u>Hale</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28-1952</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>colored</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Dec 8, 1889</u> | | |
| 9. AGE (In years last birthday) <u>62</u> | | 10. MONTHS <u>2</u> | | 11. DAYS <u>20</u> | | 12. IF UNDER 1 YEAR Hours _____ Mins. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | | 11. BIRTHPLACE (City and State or Foreign County) <u>Belleville, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Quince Cooley</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Susan Harris</u> | | | 14. NAME OF HUSBAND OR WIFE <u>✓</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Julia Cook</u> ADDRESS <u>Festus, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION <u>4200</u> | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) _____ | | 21f. HOW DID INJURY OCCUR? _____ | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>Jan 2, 1952</u> to <u>Feb 27, 1952</u> , that I last saw the deceased alive on <u>2-27-52</u> , 19 <u>52</u> , and that death occurred at <u>7:42 A.M.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>B. Belgum, M.D.</u> (Degree or title) | | | 23b. ADDRESS <u>Festus, Mo.</u> | | | 23c. DATE SIGNED <u>2-24-52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-2-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Herculanum</u> | | 24d. LOCATION (City, town, or county) (State) <u>Herculanum, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>3-2-52</u> | | REGISTRAR'S SIGNATURE <u>Gentry C. Politte</u> <u>444</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gentry C. Politte</u> ADDRESS <u>Crystal City, Mo.</u> | | | | |

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

18114
M/11/11

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED MAR 12 1952

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 Gentry R. Polittle

Licensed Embalmer No. 3481

P. O. Address Crystal City

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.