

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21184

State File No. _____

FILED JUL 14 1952

BIRTH NO: 37436 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 204

0644

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give town) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Vandalia	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth's Hospital		d. STREET ADDRESS (If rural, give location) 212 East Page	

3. NAME OF DECEASED (Type or Print) a. (First) Carolyn	b. (Middle)	c. (Last) Hale	4. DATE OF DEATH (Month) (Day) (Year) June 21, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 21, 1952	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Hannibal, Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Ray O. Hale	13b. MOTHER'S MAIDEN NAME Virginia T. Korpall	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ray O. Hale, Vandalia, Missouri	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Remorrhagic disease of the kidneys		INTERVAL BETWEEN ONSET AND DEATH 4 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 7710
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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 June 21, 1952, to June 21, 1952, that I last saw the deceased alive on June 21, 1952, and that death occurred at 12 P. m., from the causes and on the date stated above.

23a. SIGNATURE Ernest O. Diermeier MD (Degree or title)	23b. ADDRESS Vandalia Mo	23c. DATE SIGNED 6/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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DATE REC'D BY LOCAL REG. 7-7-52	REGISTRAR'S SIGNATURE Dr. E.M. Zucke	PURSENER/DIRECTOR'S SIGNATURE W.S. Waters	ADDRESS Vandalia, Missouri
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RECEIVED JUL 9 1952

MARION CO. HEALTH DEPT.

DATE FILED JUL 16 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 Wm. B. Natus.....

Licensed Embalmer No. 4169.....

P. O. Address Vandalia 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.