

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7149

State File No. ....

*McLean*

BIRTH NO. FEB 21 1953 REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5945 Registrar's No. 14

0840  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polk Mc Kenley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polk - Mc Kenley</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>11 miles N. of Bolivar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11 miles N. of Bolivar</u>		d. STREET ADDRESS <u>11 miles N. of Bolivar</u>	
3. NAME OF DECEASED (Type or Print) <u>Luzette</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1953</u>	
a. (First)		b. (Middle)	
c. (Last) <u>Hale</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 4 1863</u>
9. AGE (In years last birthday) <u>89</u>	10. MONTHS <u>11</u>	11. DAYS <u>6</u>	IF UNDER 1 YEAR Hours Min. <u>1 2</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Perry J. McLean</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Hale</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Hale, Polk Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>no</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic myocarditis</u> <u>terminal hypertensive</u> <u>pneumonia</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 <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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?	
22. I hereby certify that I attended the deceased from <u>Jan 15, 1953</u> , to <u>Feb 10, 1953</u> , that I last saw the deceased alive on <u>Jan 5, 1953</u> , and that death occurred at <u>8:15 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D C McLean</u>		23b. ADDRESS <u>Bolivar Mo</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 12 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Polk - Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 13, 1953</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest Blue</u> ADDRESS <u>Bolivar Mo</u>	

**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 Obey J. Carter

Licensed Embalmer No. 4154

P. O. Address Bolivar, Md

**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.