No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13605

FILED MAY 15 1953

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs, Mo.
c. LENGTH OF STAY (In this place): 4 yrs, 5mos, 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital Excelsior Springs, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 8150
d. STREET ADDRESS (If rural, give location): 948 Nebraska 8

3. NAME OF DECEASED (Type or Print)
a. (First): Tennessee
b. (Middle): (NMI)
c. (Last): HALE

4. DATE OF DEATH (Month) (Day) (Year): April 25 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 16, 1899
9. AGE (In years last birthday): 53 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (City and State or Foreign Country): Cass County, Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Tennessee Hale
13b. MOTHER'S MAIDEN NAME: Annie Smith
14. NAME OF HUSBAND OR WIFE: Annette Hale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 495 05 7465
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Veterans Administration Hospital records

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Pulmonary hemorrhage, massive — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Tuberculosis, pulmonary, reinfection type, far advanced, active. — Unkn.

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: — 002X
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 11-9, 19 48 *to* 4-25, 19 53, VA [redacted] *and that death occurred at* 12:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. J. Mantell, M.D.
23b. ADDRESS: Excelsior Springs, Missouri
23c. DATE SIGNED: 4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-28-53
24c. NAME OF CEMETERY OR CREMATORY: Richardson Funeral Home
24d. LOCATION (City, town, or county) (State): Leavenworth, Kan.

DATE REC'D BY LOCAL REG.: 4-28-53
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Douglas Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lathrop, 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.