

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 1 - 1953

19453
State File No.
4736
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <i>St. Louis, Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY _____	
b. CITY OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hosp</i>		e. STREET ADDRESS (If rural, give location) <i>5405 Neosho St.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Clifford</i> b. (Middle) <i>T.</i> c. (Last) <i>Hale</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 9 1953</i>	
5. SEX <i>Male</i>	6. COLOR OF FACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 11, 1889</i>
9. AGE (In years last birthday) <i>64</i>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Waynesville, Mo.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ass't. Yard Master</i>		12. CITIZEN OF WHAT COUNTRY _____	
13a. FATHER'S NAME <i>Samuel R. Hale</i>		13b. MOTHER'S MAIDEN NAME <i>Prudence Huckins</i>	14. NAME OF HUSBAND OR WIFE <i>Mary B. Hale</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <i>Mary B. Hale</i>		ADDRESS <i>5405 Neosho St.</i>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>years</i> <i>years</i> <i>year</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cirrhosis of Liver</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Aneurysm of left ventricle due to old myocardial infarction</i> 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"/>	
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____ <i>5810</i>	

22. I hereby certify that I attended the deceased from *4/20* 19*53* to *5/8*, 19*53*, that I last saw the deceased alive on *5/8*, 19*53*, and that death occurred at *5:40 P.M.* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Conrad S. Sullivan M.D.</i>		23b. ADDRESS <i>No Pac Hosp Assn.</i>		23c. DATE SIGNED <i>May 9 '53</i>
24a. BURIAL CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>May 11, 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>	
DATE REC'D BY LOCAL REG. <i>MAY 11 1953</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser 4228 S. Kingshighway Bl.</i>		

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

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.....
Signature of Student Embalmer

Signed *Richard W. Stoves*.....

Licensed Embalmer No. 40.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.