

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4407

FILED MAR 2 1954 REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 13

03200

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

1. PLACE OF DEATH a. COUNTY DALLAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUFFALO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buffalo.	
c. LENGTH OF STAY (in this place) 12 yrs		d. STREET ADDRESS (If rural, give location) 03200	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM LEE	b. (Middle)	c. (Last) HALE	4. DATE OF DEATH (Month) (Day) (Year)
				2-11-1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-13-1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR (Month) (Day) (Year)	IF UNDER 1 YEAR (Month) (Day) (Year)	IF UNDER 1 YEAR (Month) (Day) (Year)
					6	26	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mountain Hale	13b. MOTHER'S MAIDEN NAME Mollie Ann	14. NAME OF HUSBAND OR WIFE Rebecca
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Rebecca Hale	ADDRESS Buffalo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis + hypertension 6-8 yrs DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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 19 to 211, 1954, that I last saw the deceased alive on 2-10, 1954, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. Griffin M.D.	23b. ADDRESS Buffalo Mo	23c. DATE SIGNED 20 Feb 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-14-1954	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge	24d. LOCATION (City, town, or county) (State) Dallas Co Mo
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DATE REC'D BY LOCAL REG. 2-24-54	REGISTRAR'S SIGNATURE Grace Peterson	25. FUNERAL DIRECTOR'S SIGNATURE H. B. Jones	ADDRESS Buffalo Mo
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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 Marie B. Jones.....

Licensed Embalmer No. 4377.....

P. O. Address Ruffalo, 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.