

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **10** **40** **1** **45-**
DIED **MAR 22 1954** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **4030** Registrar's No. **45-**

1. PLACE OF DEATH a. COUNTY Audrain		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 township) Martinsburg		c. CITY (If outside corporate limits, write RURAL and give township) Martinsburg	
c. LENGTH OF STAY (In this place) 5 years		d. STREET ADDRESS (If rural, give location) no street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION no street address		e. FULL NAME OF HOSPITAL OR INSTITUTION no street address	

3. NAME OF DECEASED (Type or Print) WALTER	a. (First) WALTER	b. (Middle) C	c. (Last) HALE	4. DATE OF DEATH (Month) (Day) (Year) Mar. 6 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 26 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 5 Days 8	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer, stockman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Callaway, county, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William E. Hale	13b. MOTHER'S MAIDEN NAME Mary Collins	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Price Hale Martinsburg Mo	ADDRESS no
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroners case without Jury, no evidence of violence, foul play or		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES poison. History showed deceased had been treated		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. in the past by Dr. Harold Lanford, Mexico, Mo.		and that he suffered from a circulatory condition	
DUE TO (b) hypertension. He was found dead by Ed Farmer		at Martinsburg, Mo.	
DUE TO (c) Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 444 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Circulatory trouble	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Martinsburg Audrain Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) died 3 6 54 8 m	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **Coroners investigation 19**, that I last saw the deceased **dead on 3-6-1954**, and that death occurred at **11 a m.**, from the causes and on the date stated above.

23a. SIGNATURE S. C. Adams, M.D. Coroner	(Degree or title)	23b. ADDRESS Mexico, Missouri	23c. DATE SIGNED 3-9-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/8/54	24c. NAME OF CEMETERY OR CREMATORY Liberty Church Cem.	24d. LOCATION (City, town, or county) (State) 7 mi south Martinsburg
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DATE REC'D BY LOCAL REG. Mar-13-1954	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE R B Nels	ADDRESS Waverly Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

The deceased was found dead in his bed, at home, un-attended by a Physician. Coroner's investigation without a Jury. The deceased lived alone in his home.

S. C. Adams, M. H. Coroner

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, _____

Licensed Embalmer No. *1548*

P. O. Address *Hellerville 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.