

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28890
State File No. 172

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 172

0920

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

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) ST. CHARLES RURAL		c. CITY (If outside corporate limits, write RURAL and give township) SEDALIA	
c. LENGTH OF STAY (In this place) 19 MONTHS		d. STREET ADDRESS (If rural, give location) 1210 S. KENTUCKY	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION EVANGELICAL ENNAUS HOME			

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE	b. (Middle) -	c. (Last) HALE	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 17, 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 10, 1876	9. AGE (In years last birthday) 78 if UNDER 1 YEAR Months 3 Days 7 if UNDER 24 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME HERMAN LUEKING	13b. MOTHER'S MAIDEN NAME MARTHA KUECK	14. NAME OF HUSBAND OR WIFE HARVEY L. HALE
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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 Theophil Stork	ADDRESS ST. CHARLES, MO
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Congestion of Lungs.			4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intracapsular			
DUE TO (c) fracture of femur		7 days		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Brain Art. Sclerosis		10 yrs		

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) 092 (STATE)
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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?
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22. I hereby certify that I attended the deceased from Aug 16th 1954 to Aug 17, 1954, that I last saw the deceased alive on Aug 13, 1954, and that death occurred at 10:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE A. P. Enrich	(Degree or title)	23b. ADDRESS St. Charles, Mo	23c. DATE SIGNED Aug 17, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 17, 1954	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
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DATE REC'D BY LOCAL REG. Aug 17 1954	REGISTRAR'S SIGNATURE Francis Hammett	25. FUNERAL DIRECTOR'S SIGNATURE G. Hespie	ADDRESS Forness Home, Sedalia, Mo.
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SEP 29 1953

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 *Pheme M. Billo*.....
Licensed Embalmer No. *4375*

P. O. Address *St. Charles, 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.