

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12684**

FILED MAY 9 1955

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **12**

| | | | | | | | | | |
|--|--|--|---|---|---|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Mississippi | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi | | | | | |
| b. CITY OR TOWN East Prairie Mo | | c. LENGTH OF STAY (in this place) 2 years | | c. CITY OR TOWN East Prairie Mo | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 316 Herring St. | | | | e. STREET ADDRESS (If rural, give location) 316 Herring St. 06710 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Tahn | | | b. (Middle) Wesley | | c. (Last) Hales | | 4. DATE OF DEATH (Month) (Day) (Year) May 4 55 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH April 29 1876 | | 9. AGE (In years last birthday) Months YEAR IF UNDER 24 HRS. Hours Min. 79 5 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor | | | 10b. KIND OF BUSINESS OR INDUSTRY Contractor | | 11. BIRTHPLACE (City and State or Foreign Country) Rock Dale Texas | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Wm. Hales | | | 13b. MOTHER'S MAIDEN NAME Verna | | | 14. NAME OF HUSBAND OR WIFE Missie Mae Hales | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) March 1945 | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Missie Mae Hales E. Prairie Mo ADDRESS _____ | | | | |
| 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. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis Chronic | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/> NO <input checked="" 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) 002 X | | | | | |
| 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 _____ | | | | | |
| 22. I hereby certify that I attended the deceased from 5/2 , 19 55 , to 5/3 , 19 55 , that I last saw the deceased alive on 5/3 , 19 55 , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE A. J. Martin, M.D. (Degree or title) | | | | 23b. ADDRESS East Prairie Mo | | | | 23c. DATE SIGNED 5-6-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 5-1955 | | 24c. NAME OF CEMETERY OR CREMATORY W. P. W. Cemetery | | 24d. LOCATION (City, town, or county) (State) East Prairie Mo. 3 Mo. | | | |
| DATE REC'D BY LOCAL REG. 5-6-55 | | REGISTRAR'S SIGNATURE Gertrude S. Harper 1970 | | 25. FUNERAL DIRECTOR'S SIGNATURE Travis Shelby E. Prairie Mo ADDRESS _____ | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 1946

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 *T. Lewis Shelby Jr.*.....

Licensed Embalmer No *494*

P. O. Address *E. Prairie*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.