

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **17892**

FILED JUN 16 1955

Registrar's No. **344**

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>4056</b>		State File No. <b>17892</b>		Registrar's No. <b>344</b>			
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>							
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Fisk Mo.</b>			c. LENGTH OF STAY (in this place) <b>6 Months</b>			c. CITY OR TOWN <b>Fisk</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				e. STREET ADDRESS (If rural, give location) <b>0720</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>			b. (Middle) <b>Suberton</b>			c. (Last) <b>Hale</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 12- 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Apr. 1st- 1874</b>		9. AGE (In years last birthday) <b>81</b>		10. UNDER 1 YEAR <b>4</b> Months	11. UNDER 1 WEEK <b>11</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pulaski County ILL</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Robert Hale</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Deceased</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Gladys Dyer Rt. 1 Bx 315 St. Joseph Mo</b>			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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myo Carditis</b></p> <p>ANTECEDENT CAUSES <b>Senility</b></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4222</b></p>								INTERVAL BETWEEN ONSET AND 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)						
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?						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>May 12th 1955</b> , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Grove J. Recorder</b>				23b. ADDRESS <b>Poplar Bluff Mo.</b>				23c. DATE SIGNED <b>May 29-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-11-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>Kennett Mo.</b>				
DATE RECD BY LOCAL REG. <b>6/8/58</b>		REGISTRAR'S SIGNATURE <b>G. A. M. M. M.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Lentz Service</b>			ADDRESS <b>Kennett Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

No. 300 10-48 120 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUN 13 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

JUN 9 1955

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 Edgar Blue Ford

Licensed Embalmer No. 443

P. O. Address Russell

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.