

FILED JUL 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. 21805

BIRTH NO.		REG. DIST. NO. 228		PRIMARY REG. DIST. NO. 2000		Registrar's No. 605-A	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. LENGTH OF STAY (in this place) 34 days		c. CITY OR TOWN Springfield		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 Handley Hospital				f. STREET ADDRESS (If rural, give location) 920 E. Walnut Street 0396			
3. NAME OF DECEASED (Type or Print)		a. (First) JOEL		b. (Middle) MADISON		c. (Last) HALE	
4. DATE OF DEATH July 8, 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH 12 Oct. 1889		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 14 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. employee		10b. KIND OF BUSINESS OR INDUSTRY Western Union		11. BIRTHPLACE (City and State or Foreign Country) Christian County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ruben Hale		13b. MOTHER'S MAIDEN NAME Sarah Day		14. NAME OF HUSBAND OR WIFE ----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. 461-12-8696A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oscar D. Hale, 801 Mt. Vernon Street, Springfield, Missouri			
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) Perforated gastric ulcer. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Volvulus of entire ileum and part of jejunum. DUE TO (c) 5401				INTERVAL BETWEEN ONSET AND DEATH 2 4 hrs 10 hrs	
19a. DATE OF OPERATION 6-18-55		19b. MAJOR FINDINGS OF OPERATION 1. Infarction of small intestine 2. Double volvulus of small intestine. 3. Meckel's Diverticulum				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., 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 June 7, 1955 to July 8, 1955 , that I last saw the deceased alive on July 8, 1955 , and that death occurred at 7:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph D. Mills		(Deputy or title)		23b. ADDRESS 609 Cherry Springfield, Missouri		23c. DATE SIGNED 7-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11 July 1955		24c. NAME OF CEMETERY OR CREMATORY IOOF Sparta Cemetery		24d. LOCATION (City, town, or county) (State) Sparta, Christian County, Missouri.	
DATE REC'D BY LOCAL REG. 7-20-55		REGISTRAR'S SIGNATURE Edith Williamson		FUNERAL DIRECTOR'S SIGNATURE Paul C. Thorne		ADDRESS Springfield, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

0.48

JUL 8 4 1957

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 *Ralph H. Lieman*.....

Licensed Embalmer No. 3681
Springfield,
P. O. Address MISSOURI.....

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.