

STANDARD CERTIFICATE OF DEATH

25667

30 State File No.

No. 300
10. 48

FILED SEP 12 1955

BIRTH NO. _____ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 3502 Registrar's No. 7

0260
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1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eugene Rural Clark</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eugene, Rural Clark</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0260</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jewel</u> b. (Middle) _____ c. (Last) <u>Hale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept, 2nd, 55</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 5th 1907</u>		9. AGE (In years last birthday) <u>48</u>		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 1 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Eugene Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>J. E. Plummer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Binkley</u>		14. NAME OF HUSBAND OR WIFE <u>Bryan Hale</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bryan Hale Eugene, Mo.</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u> ANTECEDENT CAUSES (b) <u>Hypertensive cardiac</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>vascular disease</u> DUE TO (c) <u>2 1/3 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4001</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 Sept 2, 1955, to Sept 2, 1955, that I last saw the deceased alive on Sept 2, 1955, and that death occurred at 7 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leslie A. Taylor M.D. Jefferson Co. Mo.</u>		23b. ADDRESS <u>9-6-55</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 5t, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sprig Garden Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Eugene, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Sept. 7, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. T. L. Glover</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Steffens Rumbelle</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 *H. M. Stephens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville, Va.*

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.