

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20519**

FILED JUN 25 1956

Registrar's No. **2306**

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. 2306 | | | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri | | | | b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give town or town Kansas City) | | c. LENGTH OF STAY (in this place) 56 years | | c. CITY OR TOWN Kansas City | | 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 3235 Bellefontaine | | | | STREET ADDRESS (If rural, give location) 3235 Bellefontaine | | | | 3560 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Robert | | | b. (Middle) Edward | | c. (Last) Hale | | 4. DATE OF DEATH (Month) (Day) (Year) May 23, 1956 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH April 18, 1881 | | 9. AGE (In years) (last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk | | | 10b. KIND OF BUSINESS OR INDUSTRY Bond Clerk | | 11. BIRTHPLACE (City and State or Foreign Country) Stanford, Kentucky | | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13a. FATHER'S NAME Austin Leftage Hale | | | 13b. MOTHER'S MAIDEN NAME Woodie Hall | | | 14. NAME OF HUSBAND OR WIFE Mattie Hale | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 195-20-7312 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Frank Spink 1231 W. 69th Terrace Kansas City, Mo. | | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | | | INTERVAL BETWEEN ONSET AND DEATH 8 hrs. | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) arteriosclerotic heart disease | | | | | |
| | | | | DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema due to chronic bronchial asthma. | | | | | | | | 4200 | |
| 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) | | 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 5-23 , 1956, to 5-23 , 1956, that I last saw the deceased alive on 5-23 , 1956, and that death occurred at 10:30 p. m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Jay J. Carduff, M.D. (Degree or title) | | | | 23b. ADDRESS 1220 E. 31st St. | | | | 23c. DATE SIGNED 5-25-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5-25-56 | | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | | |
| DATE REC'D BY LOCAL REG. 5-25-56 | | REGISTRAR'S SIGNATURE Neva Marshall | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & McClure Und. Co., 3235 Giffham Plaza, Kansas City, Mo. | | | | |

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

Final 12 28 1 20 11
H. M. S. G., 25

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 *Elmer D. Fiskett*.....

Licensed Embalmer No. 481

P. O. Address *Kansas City*

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.