

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26675

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5500 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION</u>		c. LENGTH OF STAY (in this place) <u>76 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION</u> <u>0410</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 2 mi. SW Eagleville</u>			d. STREET ADDRESS (If rural, give location) <u>2 mi SW Eagleville</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Herman</u> c. (Last) <u>Hale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12, 1956</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov 28, 1879</u>		9. AGE (In years) (last birthday) <u>76</u>		UNDER 1 YEAR Months _____ Days _____	UNDER 100 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Francis I. Hale</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy McNally</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Hale</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-42-1236</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louard Hale Eagleville Mo</u>			
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u>				<u>4 yrs</u>	
		DUE TO (c)					
		11. 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 <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			
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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?			
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22. I hereby certify that I attended the deceased from July 13, 1954, to August 11, 1956, that I last saw the deceased alive on August 11, 1956, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. O. Kow</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Eagleville, Mo</u>		23c. DATE SIGNED <u>8/16/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 15, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hobb Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>8-20-56</u>		REGISTRAR'S SIGNATURE <u>Zola Purrier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Terard W. Boggers Eagleville, Mo</u>			
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(Licensed Embalmer's Statement on Reverse Side)

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

APPROVED BY: [Signature] REGISTERED PROFESSIONAL EMBALMER

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 A. W. Boggs

Licensed Embalmer No. 4762

P. O. Address Eagleville, Mo

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.