

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41137**

No. 300  
10-48

FILED JAN 7 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1172-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>7da</u>	c. CITY OR TOWN <u>Ava</u>	d. Is 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 <u>Baptist Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>0340</u>	

3. NAME OF DECEASED (Type or Print) <u>Jess</u>	a. (First)	b. (Middle)	c. (Last) <u>HALE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-1956</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>5-31-1879</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas Co.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>USA - IA</u>
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13a. FATHER'S NAME <u>George Hale</u>	13b. MOTHER'S MAIDEN NAME <u>Elizbeth Huffman</u>	14. NAME OF HUSBAND OR WIFE <u>Arlena 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>486 24 2816</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Arlena Hale</u>	ADDRESS <u>Ava, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Art scler</u>		
	DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>-</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) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 25 Dec, 1956, that I last saw the deceased alive on 25 Dec, 1956, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Sheldon Peterson M.D.</u>	(Degree or title)	23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>29 Dec 56</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-25-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hall</u>	24d. LOCATION (City, town, or county) (State) <u>Ava Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-31-56</u>	REGISTRAR'S SIGNATURE <u>Walter Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint Beard</u>	ADDRESS <u>Funeral Home Ava, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *Charles R. Fish*.....

Licensed Embalmer No. *466*.....

P. O. Address *Owa, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.