

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43743

STATE FILE NUMBER

Registration District No. **387** Primary Registration District No. **4085** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Carroll							
b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN Hale,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hale,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home east part town.			Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First LETHA Middle LEE Last FROCK.				4. DATE OF DEATH Month Dec. Day 27 Year 1957							
5. SEX F	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 8, 1890		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 3 Days 19		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Slater, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Frank Hubbard				14. MOTHER'S MAIDEN NAME Belle Thomas.							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs Gladys Daniels, Hale, Missouri.				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension + arteriosclerosis DUE TO (c) Diabetes PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Carcinoma of left kidney.								INTERVAL BETWEEN ONSET AND DEATH 3 days ? ?			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 260XH									
20c. TIME OF INJURY Hour: Month: Day: Year: a. m. p. m. 											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from Jan 25-53 to Dec 27-57 and last saw her ^{person} alive on Dec 26-1957 Death occurred at 11:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Joseph F. Hale M.D. (Degree or title)				22b. ADDRESS Chillicothe, Mo				22c. DATE SIGNED 1-2-31-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 29, 1957	23c. NAME OF CEMETERY OR CREMATORY Hurricane Cemetery			23d. LOCATION (City, town, or county) (State) Hale, Missouri					
24. FUNERAL DIRECTOR Gifford W. Austin ADDRESS F-H, Hale, Mo				25. DATE RECD. BY LOCAL REG. Dec. 31, 1957				26. REGISTRAR'S SIGNATURE Mrs. Rex Henderson			

