Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025173

STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 762

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Greene Co — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D. O. A. Burge Hosp — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE California b. COUNTY Los Angles
c. CITY OR TOWN Los Angles 8040 8 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Unknown — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Roy Middle Glen Last Hale

4. DATE OF DEATH Month Aug Day 1 Year 1958

5. SEX Male D
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Dec-31-1914
9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR Months 7 Days 0 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Navy
10b. KIND OF BUSINESS OR INDUSTRY Gunner
11. BIRTHPLACE (City and state or country) Dallas Co, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jesse L. Hale
13b. MOTHER'S MAIDEN NAME Odessa Carter
14. NAME OF HUSBAND OR WIFE Mary E Hale

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1938 to 1958
16. SOCIAL SECURITY NO. 444-40-6602
17. INFORMANT Jesse L. Hale Address Louisburg, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERNAL INJURIES (PROBABLE) — INTERVAL BETWEEN ONSET AND DEATH aprox 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ONE CAR ACCIDENT. HE WAS THROWN OUT OF HIS CAR AFTER MISSING A CURVE IN ROAD 030
20c. TIME OF INJURY Hour Aprox 7:40 p.m. Month, Day, Year Aug 1, 1958
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 65
20f. CITY, TOWN, OR LOCATION N. of Buffalo, COUNTY Dallas, STATE Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at Aprox 8:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph H. Thieme Coroner Greene County
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 6 Aug 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug-5-1958
23c. NAME OF CEMETERY OR CREMATORY Mission Ridge Cem
23d. LOCATION (City, town, or county) Dallas Co (State) Mo

24. FUNERAL DIRECTOR Allen W. Vaughan ADDRESS Urbana Mo
25. DATE RECD. BY LOCAL REG. 8-6-58
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

AUG 11 1958 AUG 13 1958

SEP 17 1956

AUG 19 1958

VS JAN 13 1960

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 Clyde Montgomery

Licensed Embalmer No. 3593

P. O. Address Buffalo,

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.