

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001066

FILED VS. FEB 8 1960

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 126

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD		Length of stay in 1b 3 DAYS	c. CITY OR TOWN SEYMOUR
c. FULL NAME OF (If NOT in hospital, give location) BURGE HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) WEBSTER CO. MO.
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FRANCES HESLIE HALE			4. DATE OF DEATH Month Day Year JAN - 29 - 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 3 1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY LAKE GEORGE MICH.	11. BIRTHPLACE (City and state of country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FRANK SNYDER		13b. MOTHER'S MAIDEN NAME CORA COOPER		14. NAME OF HUSBAND OR WIFE JOHN HALE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT WILLIAM S. HALE SEYMOUR, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH about 4 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Paget's Carcinoma of breast 1 yr?		
DUE TO (c) confirmed by surgical biopsy (10-13-59)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 **Oct 9, 1960** to **1-29-60** and last saw her **live on 1-29-60**
Death occurred at **4:46 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Don J. Selsby MD (Degree or title)	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 2-1-60
---	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-31-60	23c. NAME OF CEMETERY OR CREMATORY SEYMOUR MASONIC CEMETERY	23d. LOCATION (City, town, or county) (State) WEBSTER CO. MO.
24. FUNERAL DIRECTOR Robert Bergman Seymour, Mo.	25. DATE RECD. BY LOCAL REG. 2-2-60	26. REGISTRAR'S SIGNATURE Effie E. Melton	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Max S. Miller

Licensed Embalmer No.

4720

P. O. Address

Manassas

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.