RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-001067

FILED VS FEB 1 1960

IDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 116

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1654 E. Trafficway
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1654 E. Trafficway
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Nora Middle Ellen Last Hale
4. DATE OF DEATH Month January Day 27 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-7-1888
9. AGE (last birthday) 71
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid
10b. KIND OF BUSINESS OR INDUSTRY ---------
11. BIRTHPLACE (City and state or country) Dixon, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Hale
13b. MOTHER'S MAIDEN NAME Martha Forbes
14. NAME OF HUSBAND OR WIFE ----------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---------
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Charles Schaffitzel Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Sepsis Caused by Purulent Peritonitis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Spontaneous rupture of empyemia of gall bladder	4 hours.
DUE TO (c)	Chron. Cholecystitis, cause unknown.	one 4 yrs.

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. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 29 1956 to Jan. 12, 1960 and last saw her him alive on Jan 12, 1960
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. L. Williams, (Degree or title) DO.
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 1-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-29-1960
23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR Rea Rainey ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 1-29-60
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3312

P. O. Address Springfield,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.