

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018703

FILED VS JUN 2 1960 #67

Registration District No. 5258 Registrar's No. 11

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rogersville, Rural</u>		Length of stay in 1b		c. CITY OR TOWN <u>Rogersville, Rural.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>R#1</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Alexander</u> Last <u>Hale</u>				4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar. 12, 1895</u>		9. AGE (last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
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>Farming</u>			11. BIRTHPLACE (City and state or country) <u>Christian, Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Alex Hale</u>			13b. MOTHER'S MAIDEN NAME <u>Park</u>			14. NAME OF MARRIED OR WIFE <u>Lena</u>							
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>499-444-822</u>		17. INFORMANT Address <u>RASSA Hale, R#2, Rogersville Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremic Poisoning</u> DUE TO (b) <u>Cardio-Cerebral Vascular Dyst.</u> DUE TO (c) <u>Atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH					
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 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 checked="" 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 <u>June 1st 1960</u> to <u>May - 9 - 1960</u> and last saw him alive on <u>May - 9 - 1960</u> Death occurred at <u>3:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Dr. Warren Wilson</u> (Degree or title)						22b. ADDRESS <u>Sparta Mo</u>			22c. DATE SIGNED <u>May-23-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>MAY 12, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pembina Cem.</u>			23d. LOCATION (City, town, or county) (State) <u>Rogersville Rural, Missouri</u>						
24. FUNERAL DIRECTOR <u>J.C. Ferrell, Rogersville Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>May 26/60</u>		26. REGISTRAR'S SIGNATURE <u>Nannie Day.</u>							

(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 *Don R. Powell*

Licensed Embalmer No. 4847
P. O. Address Manfield, W. Va.

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.