

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020380

FILED VS MAY 18 1960

275 Primary Registration District No. 5943 Registrar's No. 96

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Phelps | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edgar Springs Length of stay in 1b 16 Yrs. | | | | c. CITY OR TOWN Edgar Springs | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 63 South | | | | d. STREET ADDRESS (If outside, give location) Gen. Delivery | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First HATTIE Middle ALNORA Last HALE | | | 4. DATE OF DEATH Month May Day 13 Year 1960 | | | | |
| 5. SEX Female | 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 8-22-75 | 9. AGE (last birthday) 84 | 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) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and state or country) St. James, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Anderson Conway Bell | | | 13b. MOTHER'S MAIDEN NAME Lorenda Seaton | | 14. NAME OF HUSBAND OR WIFE John W. Hale (Dec). | | |
| 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 Address Mrs. John Bell, Edgar Springs, 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) Cardiac & pulmonary arrest. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cachexia & debilitation DUE TO (c) congestive heart disease (senile) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 year. | |
| 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 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 May 1956 to May 13 and last saw her ^{him} alive on May 13, 1960 . Death occurred at 11:15 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE B J Myers DO. (Deceased or title) | | | | 22b. ADDRESS Licking, Mo | | | 22c. DATE SIGNED 5-14-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE May 15, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery | | 23d. LOCATION (City, town, or county) (State) East of Rolla, Mo., | | |
| 24. FUNERAL DIRECTOR Name & Son Funeral Home.. Rolla By S. to Myers | | | | 25. DATE RECD. BY LOCAL REG. May 14, 1960 | | 26. REGISTRAR'S SIGNATURE Nadene L Stoll | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 19 1960

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 Paul E. Qu...

Licensed Embalmer No. 4498

P. O. Address Rolla,

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.

W. H. ...