JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 0 1960 Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 60 —60—039063 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tywappity — Length of stay in 1b: 3 Hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mississippi River — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Charleston, Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 107 Deal St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Wallace — Middle Reed — Last Hale
4. DATE OF DEATH: Month Sept. Day 25 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/4/1934
9. AGE (last birthday): 26 — 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): Gen. Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Public Works
11. BIRTHPLACE (City and state or country): Eldridge, Tenn
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Leo Hale
13b. MOTHER'S MAIDEN NAME: Scena Lee Chandler
14. NAME OF HUSBAND OR WIFE: Linda L Hale
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.: 498-34-2702
17. INFORMANT: Linda Lou Hale — Address: Charleston, 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) Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH
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)
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.) Hale and Lester Cain a fishing partner were in a fishing boat in the Mississippi River the boad over turned and Hale accidental drowned
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 After death as Coroner and last saw her/him alive on
Death occurred at About 12:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Elgin McMikle (Degree or title) Coroner
22b. ADDRESS Charleston, Mo.
22c. DATE SIGNED Sept 30, 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/29/60
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove
23d. LOCATION (City, town, or county) (State): Charleston, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Mc Mikle, Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 10-14-60
26. REGISTRAR'S SIGNATURE: Dorothy B. Hathorn

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.