MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-008147
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2041

FILED FEB 23 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis,Missouri
Length of stay in 1b: 68days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Louis Children's Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Hamilton
c. CITY OR TOWN: McLeansboro
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Rural Route
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Paul Middle Dean Last Hale

4. DATE OF DEATH: Month February Day 17 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug.8,1948
9. AGE (last birthday): 13yrs.
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): None----------
10b. KIND OF BUSINESS OR INDUSTRY: None---------
11. BIRTHPLACE (City and state or country): McLeansboro,Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Hale, Roy E.
13b. MOTHER'S MAIDEN NAME: Biddle
14. NAME OF HUSBAND OR WIFE: None----------

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: P.A.Hall Address: St.Louis ,Missouri 500 S.Kingshighway

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): Cardiac arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary edema & pleural effusion
DUE TO (c): Chronic nephrosis
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): 591X

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 Dec.9,1961 to Feb.17,1962 and last saw him alive on Feb.17,1962
Death occurred at 9:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Albert N. Chavannes MD (Degree or title)
22b. ADDRESS: Childrens Hospital
22c. DATE SIGNED: 2-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-19-62
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): McLeansboro, Ill.

24. FUNERAL DIRECTOR: Albert H. Hoppe Inc., ADDRESS: 4700 Washington, Blvd.
25. DATE REC'D BY LOCAL REG.: FEB 19 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8120		
3			
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	84		

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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, MO

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.