

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010130

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 125

FILED MAR 19 1962

VS 300
Rev. 4/59

6160
22119

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4 2
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9 802X
10 35
11 016
12 97-3
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Delta		c. CITY OR TOWN St. Louis	
Length of stay in 1b 2 hours		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile south of Delta		d. STREET ADDRESS (If outside, give location) 4335 rear Unknown Cottage Ave.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last J. P. Hale		4. DATE OF DEATH Month Day Year March 10, 1962	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 5, 1920
9. AGE (last birthday) 41		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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Eddie Hale	
13b. MOTHER'S MAIDEN NAME Alice Jackson		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. II.		16. SOCIAL SECURITY NO.	
17. INFORMANT David Hale, 4335 rear Cottage, St. Louis, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head - L. Side, torn completely open & L. Hand cut off.			INTERVAL BETWEEN ONSET AND DEATH Immediate
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. <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 SUICIDE HOMICIDE Accident	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Riding a N. Bound train as a hobo & fell off the	
20c. TIME OF INJURY Hour a.m. p.m. ? 3-10-62	Month, Day, Year train & it or another one ran over him.		
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.) Railroad track near Delta, Mo. 1 mi. S. on the R.R. tracks	20f. CITY, TOWN, OR LOCATION Cape Gir. COUNTY Mo. STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:00 Midnight on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. J. Ford		22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 3-12-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE March 14, 1962	23c. NAME OF CEMETERY OR CREMATORY Father Dixon Cemetery	23d. LOCATION (City, town, or county) (State) Kirkwood, Missouri
24. FUNERAL DIRECTOR L. P. Sparks		ADDRESS Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG. March 14, 1962
		26. REGISTRAR'S SIGNATURE Drew Kasten	

APR 6 1962

MAR 29 1962

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 James Carter
Licensed Embalmer No. 4681

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.