

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019674

STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 5827 Registrar's No. 14

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 22 1962

1. PLACE OF DEATH
 a. COUNTY New Madrid
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lewis Twp Length of stay in lb 20 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.Lilbourn Project Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY New Madrid
 c. CITY OR TOWN Lilbourn Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Lilbourn So. Project Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Prince Marion Hale May 13 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6-11-02 9. AGE (last birthday) 59
 IF UNDER 1 YEAR Months 10 Days 29 Hours 4 Min. 4
 IF UNDER 24 HR Hours 4 Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer- Farm 10b. KIND OF BUSINESS OR INDUSTRY Laborer- Farm 11. BIRTHPLACE (City and state or country) Kentucky 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Hale 13b. MOTHER'S MAIDEN NAME Nancy Whaley 14. NAME OF HUSBAND OR WIFE Delsie Hale

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. [Redacted] 17. INFORMANT Address Delsie Hale-Lilbourn, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Brain Tremor, widespread INTERVAL BETWEEN ONSET AND DEATH 4 hrs
 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) Brain tumor 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 May 1 1962 to May 13 1962 and last saw him alive on May 13 1962
 Death occurred at 2:15 P.M. on the 13 day stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Daniel R. Henney MD 22b. ADDRESS Lilbourn 22c. DATE SIGNED 5/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-16-1962 23c. NAME OF CEMETERY OR CREMATORY Mounds Park 23d. LOCATION (City, town, or county) (State) Near Lilbourn, Mo.

24. FUNERAL DIRECTOR ADDRESS Ponder Funeral Home-Lilbourn, Mo. 25. DATE RECD. BY LOCAL REG. May 15 1962 26. REGISTRAR'S SIGNATURE Shaker Simpson by H.L. Ponder

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAY 23 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 *Walter J. Ponder*

Licensed Embalmer No. 2030

P. O. Address *Litham, 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.