

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042349

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 153 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 20 1962

VS 300
Rev. 4/59

13410
23410

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1290-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ridgeway mo</u>		Length of stay in 1b <u>15 yrs.</u>	c. CITY OR TOWN <u>Ridgeway mo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Own home - on highway.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>L</u>
3. NAME OF DECEASED (Type or print) <u>Matthew Hudson Hale.</u>		4. DATE OF DEATH <u>11-12-62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-30-27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Capleville mo</u>
13a. FATHER'S NAME <u>Alonso Hale.</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Banks</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>L</u>	17. INFORMANT <u>Jella Hale - Ridgeway mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>BRONCHOPNEUMONIA</u>			<u>3 DAYS</u>
DUE TO (b) <u>BRONCHOGENIC ADENOCARCINOMA RIGHT LUNG</u>			<u>3 MONTHS</u>
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 <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 _____ a.m. _____ p.m. 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 <u>8/1/62</u> to <u>11/12/62</u> and last saw him alive on <u>11/10/62</u> Death occurred at <u>10:05</u> P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clarence Country</u> (Degree or title) <u>DO.</u>		22b. ADDRESS <u>BETHANY, MISSOURI</u>	22c. DATE SIGNED <u>11/15/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-15-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Halls Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>4.9 mi. south Eastville mo</u>
24. FUNERAL DIRECTOR <u>R.R. Roggers, Ridgeway mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-15-1962</u>	26. REGISTRAR'S SIGNATURE <u>Jella Maxey</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Robert R. Rogers

Licensed Embalmer No. 3576

P. O. Address Ridgeway 2nd

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.