

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023828
STATE FILE NUMBER

FILED JUN 19 1963
Registration District No. 776 Primary Registration District No. 4182 Registrar's No. 138

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10360

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin	
b. CITY (if outside corporate limits, give TOWNSHIP only) New Haven		Length of stay in 1b 36 Yrs.	c. CITY OR TOWN New Haven Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First George Middle El Last Hale			4. DATE OF DEATH Month June Day 8 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-6-1881
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months 7 Days 2 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry	11. BIRTHPLACE (City and state of country) New Haven Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Andrew Hale	
13b. MOTHER'S MAIDEN NAME Margaret Powell		14. NAME OF HUSBAND OR WIFE Effie 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. 09	17. INFORMANT Mrs. George Hale Address New Haven Mo.
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Nephritis DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of Femur (Jan. 1963)			INTERVAL BETWEEN ONSET AND DEATH 4 yr. 6 yr.
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 Jan. 5, 1959 to June 8, 1963 and last saw her alive on June 8, 1963 Death occurred at 12:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. W. Held D.O. (Degree or title)		22b. ADDRESS New Haven, Missouri	22c. DATE SIGNED 6/10/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-11-1963	23c. NAME OF CEMETERY OR CREMATORY Nortmann Cemetery	23d. LOCATION (City, town, or county) (State) New Haven Mo.
24. FUNERAL DIRECTOR I. C. Fertig & Son ADDRESS New Haven Mo.		25. DATE RECEIVED BY LOCAL REG. 6/11/63	26. REGISTRAR'S SIGNATURE Leola C. Heidmann

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1963

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 Carl C. Fertig

Licensed Embalmer No. 3385

P. O. Address New Haven, Ct

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.