

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**58-039702**

STATE FILE NUMBER

**FILED DEC 9 1958** Registration District No. 137 Primary Registration District No. 7218 Registrar's No. 950

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 Mi So. of Windsor</u> Length of stay in lb				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Barstow</u> c. CITY OR TOWN <u>Lincoln Rt 1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>6 mile west</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) <u>JOHN</u> First <u>William</u> Middle <u>Hale</u> Last				<b>4. DATE OF DEATH</b> Month <u>Nov</u> Day <u>29</u> Year <u>58</u>			
<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. MARRIED</b> <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>July 15, 1886</u>	
<b>9. AGE</b> (In years last birthday) <u>72</u>				<b>10. IF UNDER 1 YEAR</b> Month <u>4</u> Days <u>14</u>		<b>11. IF UNDER 24 HRS.</b> Hour <u></u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Store Keeper</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>General store</u>			
<b>11a. BIRTHPLACE</b> (City and state or country) <u>Wayne County mo</u>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			
<b>13. FATHER'S NAME</b> <u>William Herbertson Hale</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>May Ann Smith</u>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				<b>16. SOCIAL SECURITY NO.</b> <u>499-07-1165</u>		<b>17. INFORMANT</b> Address <u>Hanna June Blazshere</u>	
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> (b) <u>ARTERIOSCLEROSIS, GENERALIZED.</u> (c) <u>10-20 yrs</u> Conditions, if any, which gave rise to above cause (c), 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)							
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>							
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>				<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>			
<b>20c. TIME OF INJURY</b> Hour <u></u> a. m. <u></u> p. m. <u></u> Month, Day, Year <u></u>							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> <b>STATE</b>	
<b>21. I attended the deceased from</b> <u>9/15/58</u> <b>to</b> <u>11/29/58</u> <b>and last saw him alive on</b> <u>10/8/58</u> <b>Death occurred at</b> <u>10<sup>00</sup> p. m.</u> <b>on the date stated above; and to the best of my knowledge, from the causes stated.</b>							
<b>22a. SIGNATURE</b> (Degree or title) <u>Paul W. Sandline M.D.</u>				<b>22b. ADDRESS</b> <u>114 No. MAIN, WINDSOR</u>		<b>22c. DATE SIGNED</b> <u>12/2/58</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>Dec 2, 58</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Abell Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Windsor</u> (State) <u>mo</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Fred Davis &amp; son Lincoln</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-4-58</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Mildred Bigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 7 1958

ST. FEB 3 1958

# 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 *Clifford Gouge*.....  
Licensed Embalmer No. *50*  
P. O. Address *Windsor*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.