

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3557

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY TEXAS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CASS Twp.
c. LENGTH OF STAY (in this place) 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO. b. COUNTY TEXAS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CASS Twp. 1070
d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) R. c. (Last) HALE
4. DATE OF DEATH (Month) (Day) (Year) JAN. 3 1951

5. SEX MALE 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH 10/30/1875 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Mtn. Grove, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JESS HALE 13b. MOTHER'S MAIDEN NAME MARIONA SIMMONS 14. NAME OF HUSBAND OR WIFE ELSIE 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. _____ 17. INFORMANT'S SIGNATURE OR NAME ELSIE HALE ADDRESS CABOOL, MO.

18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c)
**This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis
ANTECEDENT CAUSES _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
2. OTHER SIGNIFICANT CONDITIONS _____
Conditions contributing to the death but not related to the disease or condition causing death. 000-X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June, 1950, to Jan, 1951, that I last saw the deceased alive on Dec. 20, 1950, and that death occurred at 2:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Garrett Long Jones 23b. ADDRESS Cabool, Mo. 23c. DATE SIGNED Jan 3/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried 24b. DATE Jan 5 1951 24c. NAME OF CEMETERY, OR CREMATORY Mt. Piquette 24d. LOCATION (City, town, or county) (State) Cabool, Texas Co., Mo.

DATE REC'D BY LOCAL REG. 1-4-51 REGISTRAR'S SIGNATURE Gaynell Cunningham REG. NO. 1325 FUNERAL DIRECTOR'S SIGNATURE Garrett Long Jones ADDRESS Cabool

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1070

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 8 1951

Dist. File 151-23

Date Filed 1-8-51

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
Student Embalmer

Signed Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Calool

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 this body is not embalmed, fact should be so stated above.