

STANDARD CERTIFICATE OF DEATH

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4094** Registrar's No. **114**

0190

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

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY OR TOWN Garden City	c. LENGTH OF STAY (In this place) 2 yrs. 3 mo.	c. CITY OR TOWN Garden City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0190	

3. NAME OF DECEASED (Type or Print) a. (First) Ulysses	b. (Middle) Sherman	c. (Last) Hale	4. DATE OF DEATH (Month) (Day) (Year) 7 6 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH July 25, 1866	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Willow Hill, Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George W. Hale	13b. MOTHER'S MAIDEN NAME Ladies M. Webster	14. NAME OF HUSBAND OR WIFE Edmire L. Hale
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Benin Thom	ADDRESS Garden City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiac Failure		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Arteriosclerosis		
	DUE TO (c) Senility		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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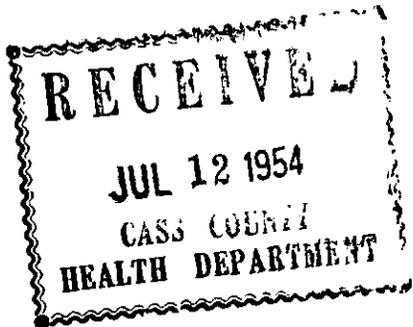
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2/15**, 19**51**, to **7/5**, 19**54**, that I last saw the deceased alive on **7/5**, 19**54**, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edm. Emmer	23b. ADDRESS Garden City	23c. DATE SIGNED 7/7/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 8-1954	24c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery	24d. LOCATION (City, town, or county) (State) Garden City, Missouri
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DATE REC'D BY LOCAL REG. July 8, 1954	REGISTRAR'S SIGNATURE Dora Barnard	45770	25. FUNERAL DIRECTOR'S SIGNATURE William W. King	ADDRESS Garden City, Mo.
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1951 1 8 707

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, ~~by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Billy J. Hickey*.....

Licensed Embalmer No. *468*.....

P. O. Address *Harder...*

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.