

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8942

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Howe</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howe</u>	
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>13 yrs</u>	c. CITY OR TOWN <u>West Plains</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		e. STREET ADDRESS (If rural, give location) <u>1240 Columbus St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Melvin Owen</u>	b. (Middle) <u>Hale</u>	c. (Last) <u>Hale</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-29-56</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Apr 2-1914</u>	9. AGE (In years last birthday) <u>41</u> Months <u>11</u> Days <u>27</u> Hours <u></u> Min. <u></u>
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Sam Hale</u>	13b. MOTHER'S MARDEN NAME <u>Kula Burna</u>	14. NAME OF HUSBAND OR WIFE <u>Melvin Hale</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknown) (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>Yes</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs M O Hale</u>	ADDRESS <u>West Plains Mo</u>
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18. CAUSE OF DEATH Enter only 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA, Embryonal Cell</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PROBABLY METASTATIC - PROBABLE PRIMARY RIGHT TESTICLE</u> DUE TO (c) <u>CACHEXIA</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>178X</u>			

19a. DATE OF OPERATION <u>2-11-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Embryonal Cell Carcinoma - Metastatic</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Nov 2, 1953 to 3-29, 1956 that I last saw the deceased alive on 3-29, 1956 and that death occurred at 5:57 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack P. Wilson</u>	(Degree or title) _____	23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>4-2-56</u>
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24a. BURIAL CREMATION, REMAINS (Specify) _____	24b. DATE <u>4-1-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-4-56</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Taberlin</u>	ADDRESS <u>West Plains Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *L. S. Roberts*

Licensed Embalmer No. *343*

P. O. Address *West Hill*

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.