

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1957.

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1003

STATE FILE NUMBER
11573

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Length of stay in lb 4 days		d. STREET ADDRESS (If outside, give location) 8402 N. Broadway	
3. NAME OF DECEASED (Type or print)		First Marye		Middle Virginia		Last Hale	
4. DATE OF DEATH		Month Dec.		Day 17,		Year 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Sept. 1, 1914	
9. AGE (In years last birthday) 32		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator				10b. KIND OF BUSINESS OR INDUSTRY Cleaning Shop		11. BIRTHPLACE (City and state or country) Missouri	
13. FATHER'S NAME Elbert H. Hale				14. MOTHER'S MAIDEN NAME Pauline Highfill			
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. 486-16-7963		17. INFORMANT Address Pauline Hale, 525 W. Scott, Springfield, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis (primary site undetermined)							INTERVAL BETWEEN ONSET AND DEATH 2 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 199.9				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
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 Dec. 13, 1956 to Dec. 17, 1956 and last saw her ^{her} alive on Dec. 17, 1956 Death occurred at 3:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. D. Hamilton, M. D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 12/17/56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-17-56		23c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery		23d. LOCATION (City, town, or county) (State) Sparta, Mo.	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			25. DATE RECD. BY LOCAL REG. DEC 17 1956		26. REGISTRAR'S SIGNATURE Carl Smith M.D. m 86		

(Licensed Embalmer's Statement on Reverse Side)

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
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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..... *Robert M. Murray*.....
Licensed Embalmer No. 379

P. O. Address *St. Louis*

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.