

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015870
State File No.

FILED APR 18 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3994**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Fredericktown
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. PAC. HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 20620	
3. NAME OF DECEASED (Type or Print) DALTON		STREET ADDRESS (If rural, give location) 37 Route #1	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 4/9/1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 2, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Labor		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (In years last birthday) 45
11a. FATHER'S NAME Arthur Hale		11b. MOTHER'S MAIDEN NAME Edith Jeanette Mayes	11. BIRTHPLACE (City and State or Foreign Country) Madison County, Mo.
13a. FATHER'S NAME Arthur Hale		14. NAME OF HUSBAND OR WIFE Mildred Hale	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 484-03-2068	
17. INFORMANT'S SIGNATURE OR NAME Mildred Hale, Fredericktown, Mo.		ADDRESS Fredericktown, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH Jan 20 1958	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) (undetermined)	
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. 491x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/3/1958 , to 4/9/1958 , that I last saw the deceased alive on 4/9/1958 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Clarence E. Harts M.D.		23b. ADDRESS Mo. Pac. Hosp. Hosp.	
23c. DATE SIGNED 4-10-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-10-58	
24c. NAME OF CEMETERY OR CREMATORY Mine LaMotte Cemetery		24d. LOCATION (City, town, or county) (State) Mine La Motte, Mo.	
DATE REC'D BY LOCAL REG. APR 10 1958		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington, Blvd.	

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.....
Stanley H. Nelson

Licensed Embalmer No. 419

P. O. Address *St. Louis*

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.