

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003490

FILED VS FEB 11 1960

XC 9301911 SL 21998

2 1179

STATE FILE NUMBER

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 ST. CHARLES			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 15 DAYS		c. CITY OR TOWN ST. CHARLES Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL.			d. STREET ADDRESS (If outside, give location) R. R. 2, BOX 378		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SAMUEL Middle LESTER Last HALE			4. DATE OF DEATH Month JANUARY Day 30 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-18-11	9. AGE (last birthday) 48
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 (City and state or country) ROLLA, MISSOURI	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME SAMUEL HALE		13b. MOTHER'S MAIDEN NAME MARY SNOOK	
14. NAME OF HUSBAND OR WIFE -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII AND KOREAN			
16. SOCIAL SECURITY NO. 478-07-4330		17. INFORMANT MARY E. HALE, R. R. 2, BOX 378 Address ST. CHARLES, MO			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) DIFFUSE, BILATERAL PNEUMONIA					
DUE TO (b) ACUTE BILATER PYOURETER					
DUE TO (c) CHRONIC PYELONEPHRITIS 600-0					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
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. VA attended the deceased from 1-15-60 to 1-30-60 and last saw ^{him} him alive on 1-30-60 Death occurred at 11:05 p. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE GEORGE R. MORRISON (Degree or title) M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 1/31/60
23b. BURIAL, CREMATION, REMOVAL (Specify) Burial	23c. DATE Feb. 3, 1960	23d. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23e. LOCATION (City, town, or county) (State) St. Charles, Mo.	
24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. FEB 2 1960		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David P. Bove

Licensed Embalmer No. 960
P. O. Address St. Charles

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.