

## STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. 40257-49 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cape</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Gir No 16</u>	
c. LENGTH OF STAY (in this place) <u>30 min</u>		d. STREET ADDRESS (If rural, give location) <u>4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St Francis Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-49</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>Earl</u> c. (Last) <u>Hale</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 10-49</u>	
9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR Months <u>—</u> IF UNDER 24 HRS. Min. <u>30</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Paul Hale</u>	
13b. MOTHER'S MAIDEN NAME <u>Bona Valberding</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Paul Hale, Cape Gir</u>		ADDRESS <u>—</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMIPARESIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>h</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congenital Deformity (abnormal)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min.)		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 <u>7-10</u> , 19 <u>49</u> , to <u>7-10</u> , 19 <u>49</u> that I last saw the deceased alive on <u>7-10</u> , 19 <u>49</u> , and that death occurred at <u>8:24 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>W. A. Smith M.D.</u>		(Degree or title)	
23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>7-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 11-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Gardenville Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Gardenville Mo</u>	
DATE REC'D BY LOCAL REG <u>7-18-49</u>		REGISTRAR'S SIGNATURE <u>C. C. Simmons</u>	
44		FUNERAL DIRECTOR'S SIGNATURE <u>Joe G. Howell</u>	
ADDRESS <u>Cape Gir</u>		ADDRESS <u>—</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-25-49

Sanitary Health Officer No. 4

Sanitary File Number 749-97

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Boyd B. Willis

Licensed Embalmer No. 4603

P. O. Address Cape Girardeau, Mo.

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 this body is not embalmed, fact should be so stated above.