

FILED APR 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11759

State File No. _____

Registration District No. 577

Primary Registration District No. 5775

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Moniteau Pilot Grove Twp
(b) City or town California, Rural, Mo? Harrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Ada Lou Hale 4th

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 5th, 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 3 22 _____ hr. _____ min.

9. Birthplace California Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Guy Hale
13. Birthplace California Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mabel Hodel
15. Birthplace Emor, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Hale
(b) Address California, Mo.

17. (a) Burial (b) Date thereof 3-30-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation M.W.A. High Point Mo.

18. (a) Signature of funeral director G.H. Steffens
(b) Address Russellville, Mo.

19. (a) Apr 4-1940 (b) Nadine Latham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 27th day 1940
year 1940 hour 4 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan. 8
1940 to Mar. 27 1940
that I last saw her alive on Mar. 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Endocarditis Duration 2 Weeks

Due to Generalized Tuberculosis 1 year
Lungs & glands.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 27

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 500

While at work? _____ (Specify type of place) _____
(e) Means of injury _____ 2

23. Signature H. J. Bevis (M.-D. or other) XO
Address California, Mo Date signed 3/30/40

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.....

G. M. Steffens....., Registered Apprentice No.....
working under my personal supervision.

Signed *G. M. Steffens*.....

Licensed Embalmer No. *2307*.....

P. O. Address *Russellville Va*.....

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, above space should be left blank.