S. No. 300
ev. 10.48

FILED JAN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42382
State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau, Mo.
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canolou, Missouri.
d. STREET ADDRESS (If rural, give location): - - - - - -

3. NAME OF DECEASED (Type or Print)
a. (First): Christopher Columbus
b. (Middle):
c. (Last): Hall

4. DATE OF DEATH (Month) Dec. (Day) 27 (Year) 1948

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6 Oct. 1872
9. AGE (In years last birthday): 76 — If under 1 year: Months 2, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Union City, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: James Hall
13b. MOTHER'S MAIDEN NAME: Neoma Waggoner
14. NAME OF HUSBAND OR WIFE: Jessie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S SIGNATURE OR NAME: Jessie Hall — ADDRESS: Canolou, Missouri.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Apoplexy
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Diabetes
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

960

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/17, 1948 *to* 12/27, 1948 *that I last saw the deceased alive on* 12/27, 1948 *and that death occurred at* 1:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. L. Smith (Degree or title) M.D.
23b. ADDRESS Cape Girardeau
23c. DATE SIGNED 1/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-28-48
24c. NAME OF CEMETERY OR CREMATORY: City Cemetary
24d. LOCATION (City, town, or county) (State): Sikeston, Missouui.

DATE REC'D BY LOCAL REG.: Jan. 17-1949
REGISTRAR'S SIGNATURE: E. E. Summers
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Taylor Funeral Home Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

...IVED

H...lth Officer No. 4

...ber 149-12

... 1-24-4

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 J. E. Monkle, Student Embalmer No. 251, working under my personal supervision.

Signed J. E. Monkle
Student Embalmer

Signed James M. Scott

Licensed Embalmer No. 4350

P. O. Address East Prairie, 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.