No. 300
10-48

FILED JAN 20 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

82

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 4

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY: Barry | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE: Missouri b. COUNTY: Barry |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cassville<br>c. LENGTH OF STAY (in this place): 4 weeks | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cassville |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barry County Hospital | d. STREET ADDRESS (If rural, give location): So. Main Street |

3. NAME OF DECEASED (Type or Print): a. (First) Louis b. (Middle) Lemont c. (Last) HALLOWELL

4. DATE OF DEATH (Month) (Day) (Year): Jan. 8, 1949

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 17, 1875

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Agent

10b. KIND OF BUSINESS OR INDUSTRY: Santa Fe., R.R.

11. BIRTHPLACE (State or foreign country): Harrison, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Blanche Hallowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 710-01-0861

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Fred E. Smith; Cassville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic glomerulo-nephritis
DUE TO (c) Myocarditis, chronic

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

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* 12-9, 1948, *to* 1-8-, 1949, *that I last saw the deceased alive on* 1-8, 1949, *and that death occurred at* 2:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. W. Newman M.D.

23b. ADDRESS: Cassville, Missouri

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 10, 1949

24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

24d. LOCATION (City, town, or county) (State): Cassville, Missouri

DATE REC'D BY LOCAL REG.: Jan 17-1949

REGISTRAR'S SIGNATURE: Grace Williams 10

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. C. Koon Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 1946

## 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 .....
Student Embalmer

Signed J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Cassville, 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.**