

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2023

State File No. ....

74  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Maryville</u>		c. LENGTH OF STAY (in this place) <u>7 Hr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lincoln</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6 Mi East 1 South Westboro</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Linda</u>		b. (Middle) <u>Lou</u>		c. (Last) <u>Hall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-3-1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept 6th-1947</u>	
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>G G Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Sadie Vaughan</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>G. G. Hall</u>		ADDRESS <u>Westboro, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>273° burn of 3/4 body</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>G 9/16/49</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hr</u>	
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lincoln Twn Atchison Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-3-49</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Explosion of stove 74</u>			
22. I hereby certify that I attended the deceased from <u>1-3</u> , 19 <u>49</u> , to <u>Jan 3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>49</u> , and that death occurred at <u>1:40 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. A. Byland M.D.</u>				23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>1-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-4th-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Center Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Westboro, Atchison -Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-8-49</u>		REGISTRAR'S SIGNATURE <u>Bess Holt 229</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Scott Tucker Westboro, Missouri</u>			

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 \_\_\_\_\_

A R Tucker

Student Embalmer No. 478

working under my personal supervision.

Student

*A. R. Tucker*  
Student Embalmer

Signed

*A. R. Tucker*  
Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.