

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16856  
State File No. 62-26  
Registrar's No. 32

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5950

1. PLACE OF DEATH a. COUNTY <u>Pike, Middletown, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural - Hartford</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Hartford township</u>	
c. LENGTH OF STAY (If in this place) <u>70 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles N. E. Middletown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles N. E. Middletown</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>JEFFERSON</u> c. (Last) <u>HALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-1-49</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Jan. 30, 1855</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Month Days <u>3 1</u>	IF UNDER 24 HRS. Hour Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Ransom Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia Harmon</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A. E. Hall</u> ADDRESS <u>Middletown, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4341</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)	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 May 1, 1949, to May 1, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. R. Tutus, D. O.</u>	23b. ADDRESS <u>Middletown, Mo.</u>	23c. DATE SIGNED <u>May 1, 1949</u>
--	-------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Middletown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Middletown, Missouri</u>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>5-3-49</u>	REGISTRAR'S SIGNATURE <u>Bill Robinson</u> 254	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. B. Kelly</u> ADDRESS <u>Kellerville Mo</u>
--	--	---

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

RECEIVED

District Health Officer No. 10

District File Number 54993

Date Filed MAY 26 1919

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. 4

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*A. B. Kell*

Licensed Embalmer No. 1588

P. O. Address Kellsville, 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.