

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23917

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Johnson.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Johnson.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>417 W. Gay St.</u>		d. STREET ADDRESS (If rural, give location) <u>417, W. Gay. St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Hall.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1949</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>22, Nov. 1908.</u>
9. AGE (In years last birthday) <u>40.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired, office Asst Medical.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Asst Medical.</u>
11. BIRTHPLACE (State or foreign country) <u>Warrensburg.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>O. B. Hall. M. D.</u>		13b. MOTHER'S MAIDEN NAME <u>Zephie Collins</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. O. B. Hall, Warrensburg, MO.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>500-23-2743</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. O. B. Hall, Warrensburg, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		3 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 months	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	
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 <u>May 4, 1949</u> , to <u>July 30, 1949</u> that I last saw the deceased alive on <u>July 29, 1949</u> and that death occurred at <u>8:15 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O. B. Hall, M.D.</u>		23b. ADDRESS <u>Warrensburg, Mo.</u>	
23c. DATE SIGNED <u>7-30-49</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cem.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2, Aug. 1949.</u>	
24c. LOCATION (City, town, or county) (State) <u>Warrensburg. MO.</u>		24d. NAME OF CEMETERY OR CREMATORY <u>Warrensburg. MO.</u>	
DATE REC'D BY LOCAL REG. <u>July 30, 1949</u>		REGISTRAR'S SIGNATURE <u>Savannah Mitchell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u>		ADDRESS <u>Warrensburg, MO.</u>	

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

No. 300
10-48

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RECEIVED
AUG 2 1949
JOHNSON COUNTY HEALTH DEPT.

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.

Signed _____

R. Q. Phillips

Signed _____
Student Embalmer

Licensed Embalmer No. _____

2320

P. O. Address _____

Warrensburg, 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.