

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24198

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>New Madrid</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>New Madrid</i>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) <i>Arnold</i>			a. (First) _____ b. (Middle) _____ c. (Last) <i>Hall</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 7-1949</i>							
5. SEX <i>M</i>		6. COLOR OR RACE <i>W.</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>MAY 15-1888</i>		9. AGE (In years last birthday) <i>61</i>		IF UNDER 1 YEAR Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>White Co. Ill.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				

13a. FATHER'S NAME <i>James Hall</i>		13b. MOTHER'S MAIDEN NAME <i>Magdaline Willis</i>		13c. NAME OF HUSBAND OR WIFE <i>Winston Hall</i>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No.</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Winston Hall</i> ADDRESS <i>New Madrid</i>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis (acute)</i>		DUE TO (b) <i>Mitral Valve Disease (leakage)</i>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <i>Diabetes Mellitus</i>						410X	
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 <input 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) _____		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>O.B. Chandler M.D.</i>		23b. ADDRESS <i>New Madrid Mo.</i>		23c. DATE SIGNED <i>7/18/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7/19-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Evergreen</i>	
24d. LOCATION (City, town, or county) (State) <i>New Madrid Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Richard Pursell</i>		ADDRESS <i>New Madrid Mo.</i>	
DATE REC'D BY LOCAL REG. <i>7/28/49</i>		REGISTRAR'S SIGNATURE <i>Helew Louise Jones</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 6 19

District Health Office No.

District File Number 847-797

Date Filed \_\_\_\_\_

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 \_\_\_\_\_

Lewell Green Jr.

Student Embalmer No. 340

working under my personal supervision.

Student Lewell Green Jr.

Student Embalmer

Signed Lo Haysworth

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.