

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36662

State File No.

FILED DEC 6 1949

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 133

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

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| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gashland Mo.</u> | |
| c. LENGTH OF STAY (in this place) <u>6 days</u> | | d. STREET ADDRESS (If rural, give location) <u>F. Street, Jefferson Highway</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Abner</u> b. (Middle) <u>Duncan</u> c. (Last) <u>Hall</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1949</u> | |
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|--------------------|-------------------------------|---|--------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug. 4, 1896</u> | 9. AGE (in years last birthday) <u>53</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u> | IF UNDER 24 HRS. Hours <u>✓</u> Min. <u>✓</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>owns Corning Fiberglass</u> | 11. BIRTHPLACE (State or foreign country) <u>Vinita Okla.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Newton Hall</u> | 13b. MOTHER'S MAIDEN NAME <u>Joanna Copland</u> | 14. NAME OF HUSBAND OR WIFE <u>Erline Hall</u> |
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| 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>491-22-3930</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Erline Hall</u> | ADDRESS <u>Gashland Mo.</u> |
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| 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>9123</u> <u>11</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral contusion</u> DUE TO (c) <u>Trauma</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident at work</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Corning Glass - Work</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Johnson Kas</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>About 6:30 p.m. Nov 26, 1949</u> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Struck by machinery at work</u> |
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22. I hereby certify that I attended the deceased from Jan, 1935, to Nov 26, 1949, that I last saw the deceased alive on Nov 26, 1949, and that death occurred at 2 p m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. O. Spelman M.D.</u> | 23b. ADDRESS <u>Smithville</u> | 23c. DATE SIGNED <u>11/28/49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Nov. 29-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Blue Jacket Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Blue Jacket Okla.</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov 28 - 1949</u> | REGISTRAR'S SIGNATURE <u>Beulah Fitcher</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Smith's F.H.</u> | ADDRESS <u>North. K.C.</u> |
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RECEIVED DEC 7

District Health Officer NC 3,

District File Number _____

Date Filed 12-5-49

JAN 17 1950

DEC 6 1949

DEC 7 1949

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 Thomas Smith

Licensed Embalmer No. 3928

P. O. Address North R.C. 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.