

FILED FEB 24 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 4574

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5464 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Murray Twsp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Murray Twsp.	
c. LENGTH OF STAY (in this place) 4 years			
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#2, Willard		d. STREET ADDRESS (If rural, give location) R.F.D. # 2, Willard	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) HALL	c. (Last) HALL	4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 18 Oct 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Gilbertsville, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W.E.Seyler	13b. MOTHER'S MAIDEN NAME Susan Wagner	14. NAME OF HUSBAND OR WIFE Otto Hall
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Otto Hall, Rt.2, Willard, Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION <i>Cerebral Hemorrhage</i> <i>Respiratory failure</i>	INTERVAL BETWEEN ONSET AND DEATH  331X
	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.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb. 8, 1950, to Feb. 8, 1950, that I last saw the deceased alive on Feb. 8, 1950, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>W. E. Seyler, D.D.</i>	(Degree or title)	23b. ADDRESS Willard, Mo.	23c. DATE SIGNED 2/8/50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12 Feb 1950	24c. NAME OF CEMETERY OR CREMATORY White Chapel	24d. LOCATION (City, town, or county) (State) Greene County, Missouri
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DATE REC'D BY LOCAL REG. 2/15/50	REGISTRAR'S SIGNATURE <i>Theresa C. Wilson</i>	104	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. Thoma</i>	ADDRESS Springfield, Mo.
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RECEIVED

Greene County Health Office,

County File Number 50-2-8

Date Filed 2-22-54

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.