

No. 300
10148

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9550

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 14

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY McDonald | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give town) Southwest City | | c. CITY (If outside corporate limits, write RURAL and give township) Southwest City Rural | |
| c. LENGTH OF STAY (If in this place) Life | | d. STREET ADDRESS (If rural, give location) None (Rural) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION None | | | |

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|--|--|---|--|---|--|--|--|
| 3. NAME OF DECEASED a. (First) Avis | | b. (Middle) Adelle | | c. (Last) Hall | | 4. DATE OF DEATH (Month) (Day) (Year) 3-5-50 | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 7-2-27 | |
| 9. AGE (In years last birthday) 22 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Same | | 11. BIRTHPLACE (State or foreign country) Southwest City Mo | |
| 11. BIRTHPLACE (State or foreign country) Southwest City Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME O. L. Moore | | 13b. MOTHER'S MAIDEN NAME Ada D Jones | | 14. NAME OF HUSBAND OR WIFE E. D. Hall | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Ernie Dean Hall | |
| | | | | ADDRESS Southwest City Mo | |

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|--|--|--|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premia | | INTERVAL BETWEEN ONSET AND DEATH 36 hours | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Glomerulonephritis | | | |
| | | DUE TO (c) General malnutrition (chronic) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Supplementary report) | | | |

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|---|--|--|--|---|--|
| 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) Southwest City Mo | |
| 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? Requested | |

22. I hereby certify that I attended the deceased from _____, 19____, to **3-5**, 19**50**, that I last saw the deceased alive on **3/5**, 19**50**, and that death occurred at **5 P** m., from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE D. D. Fountain | | 23b. ADDRESS W. Hall | | 23c. DATE SIGNED March 9, 50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-9-50 | | 24c. NAME OF CEMETERY OR CREMATORY: Saratoga | |
| | | 24d. LOCATION (City, town, or county) Southwest City Mo | | (State) Mo | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 3-12-50 | | REGISTRAR'S SIGNATURE Wayne Humphreys | | 25. FUNERAL DIRECTOR'S SIGNATURE D. M. Humphrey | |
| | | | | ADDRESS Geneville Mo | |

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

RECEIVED APR 5 1950
District Health Office No. 6,
District File Number 450-407
Date Filed 4-5-50

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 Mayne E. Humphreys

Licensed Embalmer No. 4262

P. O. Address. Pineville, N.C.

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.