

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9928

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 12

0861

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

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Uni nville 0861	
c. LENGTH OF STAY in this place life		d. STREET ADDRESS (If rural, give location) city 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) city			

3. NAME OF DECEASED (Type or Print) a. (First) Permelia b. (Middle) Beulah c. (Last) Hall		4. DATE OF DEATH (Month) (Day) (Year) March 3 1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2	8. DATE OF BIRTH Nov. 5, 1870
9. AGE (In years last birthday) 79 3 28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homework	
11. BIRTHPLACE (State or foreign country) Putnam Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Lawrence Hoover		13b. MOTHER'S MAIDEN NAME Jane Smith		14. NAME OF HUSBAND OR WIFE ✓	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence Hall, Unionville, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary heart</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES As forbid 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.				4/30/1	

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) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Feb 19, 1948, to May 3, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 4:45 P.M., from the causes and on the date stated above.					

23a. SIGNATURE <i>O. W. Harmon M.D.</i>		23b. ADDRESS <i>Unionville Mo</i>		23c. DATE SIGNED <i>3/4/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE Mar. 5, 1950		24c. NAME OF CEMETERY OR CREMATORY Unionville	
24d. LOCATION (City, town, or county) (State) Unionville, Mo.					

DATE REC'D BY LOCAL REG. 3-20-50		REGISTRAR'S SIGNATURE <i>Marvill Durbin</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. C. Hurst</i> Unionville, Mo.	
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APR 1 1950

RECEIVED APR 1 1950
District Health Officer No. 10
District File Number 4-20-547
Date Filed APR 1 1950

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 Murl E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville, 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.