

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21076**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **5853** Registrar's No. **123**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE, Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wilcox <i>Roller Jct</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wilcox 1740	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Church			

3. NAME OF DECEASED (Type or Print) a. (First) BRICE b. (Middle) C. c. (Last) HALL			4. DATE OF DEATH (Month) (Day) (Year) 6 4 50		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/5/70	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (State or foreign country) Wilcox, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Samuel F. Hall		13b. MOTHER'S MAIDEN NAME Clementine Brogan		14. NAME OF HUSBAND OR WIFE Belle O. Colden Hall	
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 ADDRESS Mrs. Brice C. Hall, Wilcox, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH 2 minutes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) CORONARY ARTERIOSCLEROSIS		DUE TO (c)		8 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

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?	

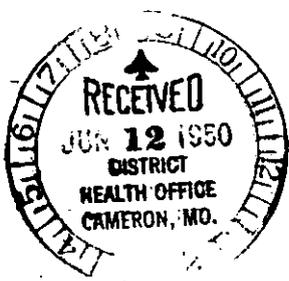
22. I hereby certify that I attended the deceased from **Feb 15** 19**42**, to **June 4**, 19**50**, that I last saw the deceased alive on **May 16, 1950**, and that death occurred at **10:45A** m., from the causes and on the date stated above.

23a. SIGNATURE W. P. Landfather (Degree or title) DO. V		23b. ADDRESS MARYVILLE Mo.		23c. DATE SIGNED 6-6-50	
24a. BURIAL CREMATION, REMOVAL (Specify) burial		24b. DATE 6/7/50		24c. NAME OF CEMETERY OR CREMATORY Wilcox	
24d. LOCATION (City, town, or county) (State) Wilcox, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			
DATE REC'D BY LOCAL REG. 6-10-50		REGISTRAR'S SIGNATURE Keas Holt		229	

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

1740
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APR 12 1955



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 *Robert L. Senter*

Licensed Embalmer No. *4782*

P. O. Address *Maryville, 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.