

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23115**

No. 300  
10. 48

**FILED JUL 25 1950**

Registrar's No. **72**

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

BIRTH NO. _____		REG. DIST. NO. <b>82</b>		PRIMARY REG. DIST. NO. <b>3017</b>		Registrar's No. <b>72</b>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Cooper</b>		b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Boonville</b>		c. LENGTH OF STAY (in this place) <b>2 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Parsons</b> <b>8150</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital.</b>		d. STREET ADDRESS <b>??</b>		d. STREET ADDRESS (If rural, give location) <b>??</b>			
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>				
a. (First) <b>Ora</b>	b. (Middle) <b>M</b>	c. (Last) <b>Hall</b>	Month <b>July</b>	Day <b>16</b>	Year <b>1950</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>September 5 1897</b>		<b>9. AGE</b> (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Railroad Engineer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>M. K. &amp; T. R. R. Co.</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Dillar, Nebraska</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA.</b>	
<b>13a. FATHER'S NAME</b> <b>Freeman Hall</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rosemond Smith</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Mabel Hall</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>??</b>		<b>16. SOCIAL SECURITY NO.</b> <b>??</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Mabel Hall, Parsons, Kansas</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocardial infarction, acute</b>				<b>1 day</b>	
		<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerotic coronary thrombosis unknown</b>					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				<b>4200</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from July 15, 1950, to July 16, 1950, that I last saw the deceased alive on July 16, 1950, and that death occurred at 6:00 a.m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <b>D. Hülsmann M.D.</b>				<b>23b. ADDRESS</b> <b>329 Main Boonville Mo</b>		<b>23c. DATE SIGNED</b> <b>7-16-50</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>July 18<sup>th</sup>/1950</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Lawn</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Parsons Kansas</b>		
<b>DATE REC'D BY, LOCAL REG.</b> <b>7-16-50</b>		<b>REGISTRAR'S SIGNATURE</b> <b>D. Hooper 281</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Goodman &amp; Boller, Boonville, Missouri.</b>			

MAY 10 1951

RECEIVED 7-24-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7-24-50

JUL 25 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 G. F. Bolter

Licensed Embalmer No. 3067

P. O. Address. Boonville, 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.