

FILED JUL 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23436

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5552 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"R" Myatt Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"R" Myatt Township</b>	
c. LENGTH OF STAY (in this place) <b>65yrs</b>		043	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>		d. STREET ADDRESS (If rural, give location) <b>West Plains, Mo., R.R.I.</b>	

3. NAME OF DECEASED (Type or Print) <b>Harvey</b>	a. (First)	b. (Middle)	c. (Last) <b>Hall</b>	4. DATE OF DEATH <b>June 22, 1950</b>
--	------------	-------------	--------------------------	--

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>July 25, 1877</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
-----------------------	----------------------------------	--	--	--	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Columbia, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	-----------------------------------	---	---

13a. FATHER'S NAME <b>A. L. Hall</b>	13b. MOTHER'S MAIDEN NAME <b>G. D. Palmer</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Cecil R. Hall,</b>	ADDRESS <b>California</b>
---	--	--	------------------------------

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) <b>Cardiac Decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH
	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"/>
------------------------	----------------------------------	---

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:30 p.m.**, from the causes and on the day stated above.

23a. SIGNATURE <b>Reuben D. Smith, M.D., Coroner</b>	23b. ADDRESS <b>Howell Co West Plains, Mo.</b>	23c. DATE SIGNED <b>28/6/50</b>
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Jun. 25, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Howell Twp., Howell Co. Mo.</b>
--	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>7-5-50</b>	REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>	379	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mayme C. Thornburg</b>	ADDRESS <b>West Plains, Mo.</b>
---	---	-----	---	------------------------------------

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

460  
1

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 19 1950

Dist. File 750-838

Date Filed 7-19-50

---

---

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 J. P. Duncan

Licensed Embalmer No. 21465

P. O. Address Wm. View, 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.