

FILED AUG 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25996

BIRTH NO. _____ REG. DIST. NO. 35 PRIMARY REG. DIST. NO. 5094 Registrar's No. 25

1. PLACE OF DEATH
 a. COUNTY **BATES**
 b. CITY OR TOWN **RURAL-OSAGE TWP**
 c. LENGTH OF STAY (in this place) **79 YRS.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **2 MI. SOUTH OF RICH HILL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MISSOURI** b. COUNTY **BATES**
 c. CITY OR TOWN **RURAL-OSAGE TWP**
 d. STREET ADDRESS **2 MI. SOUTH OF RICH HILL**

3. NAME OF DECEASED
 a. (First) **EDWIN** b. (Middle) **HALL** c. (Last)
 4. DATE OF DEATH **AUGUST-20-1950**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **JAN. 10-1862** 9. AGE (In years last birthday) **88** 10. UNDER 1 YEAR: Months **7** Days **10** 11. UNDER 2 HRS. Hours **10** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMER** 10b. KIND OF BUSINESS OR INDUSTRY **FARM** 11. BIRTHPLACE (State or foreign country) **NEWARK, OHIO** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JAMES HALL** 13b. MOTHER'S MAIDEN NAME **SARAH HARR** 14. NAME OF HUSBAND OR WIFE **SARAH E. 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 **Corris Hall Rich Hill, Mo.** ADDRESS

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial infarction**
 ANTECEDENT CAUSES **Myocardial infarction**
 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.
 INTERVAL BETWEEN ONSET AND DEATH **442 X**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 1950, to _____, 1950, that I last saw the deceased alive on _____, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE _____ (Degree or title) 23b. ADDRESS _____ 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **AUG-24-1950** 24c. NAME OF CEMETERY OR CREMATORY **GREEN LAWN CEM. RICH HILL, MISSOURI** 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **Aug. 24 1950** REGISTRAR'S SIGNATURE **Mrs. Edna Douglas** 25. FUNERAL DIRECTOR'S SIGNATURE **Broth Funeral New Rich Hill, Mo** ADDRESS

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

JAN 15 1951

RECEIVED 8-29-50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 8-29-50

APR 21 1952

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 G. Stumbeck*.....

Licensed Embalmer No. *4657*.....

P. O. Address *Butler, 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.