

STANDARD CERTIFICATE OF DEATH

FILED SEP 19 1950

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4072 Registrar's No. 36

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

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Creek</u> 0150	
c. LENGTH OF STAY (in this place) <u>Years</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) <u>James Harvey Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 6 1950</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>male</u>	6. COLOR OR RACE <u>wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct 12 - 1861</u>	9. AGE (in years last birthday) <u>88+</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Laclede Co near Lebanon Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>James B Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Porter</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Beeby Hall</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Hall - Linn Creek Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				chronic	
		ANTECEDENT CAUSES				DUE TO (b) <u>Advanced arteriolar nephrosclerosis</u>	
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>				DUE TO (c) <u>Arteriosclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>446X</u>	

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 Jan 7, 1916, to Sept 6, 1950, that I last saw the deceased alive on Sept 5, 1950, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Dale Atterberry, D.O.</u>		23b. ADDRESS <u>Camden, Missouri</u>		23c. DATE SIGNED <u>9-11-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sep 8 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beeby</u>		24d. LOCATION (City, town, or county) (State) <u>Linn Creek Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Sept. 11 1950</u>		REGISTRAR'S SIGNATURE <u>Zelpha Draw. 400</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bankson - Woolery</u>	
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RECEIVED 9-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-18-50

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 *Abbie Benson Wolery*

Licensed Embalmer No. 2488

P. O. Address *Camden, N.J.*

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.