

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 State File No. **29999**

 Registrar's No. **898**

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY <b>Sharp</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hardy, Ark.</b>	
c. LENGTH OF STAY (In this place) <b>28 days</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LINSEY</b> b. (Middle) <b>E.</b> c. (Last) <b>HALL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 12, 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1893 Dec. 10, 1893</b>		9. AGE (In years last birthday) <b>56</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painter</b>		11. BIRTHPLACE (State or foreign country) <b>Agnes, Ark.</b>	
				12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Joseph R. Hall</b>	13b. MOTHER'S MAIDEN NAME <b>Samantha Tucker</b>	14. NAME OF HUSBAND OR WIFE <b>Lora A. Hall</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>	16. SOCIAL SECURITY NO. <b>432036103</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Veterans Administration Hospital, Spg. Mo.</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>28 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Extensive post-traumatic encephalomalacia.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Depressed skull fracture.</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 <b>10/8/50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Depressed skull fracture with extensive subdural fluid formation.</b>	19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 60 &amp; 63</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Near Cabool Texas Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto accident. - Struck by auto.</b>
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22. I hereby certify that I attended the deceased from **Sept. 14, 1950**, to **Oct. 12, 1950**, and that death occurred at **6:00P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul L. Etsele, M.D.</b> (Degree or title)	23b. ADDRESS <b>Veterans Administration Hosp. Springfield, Mo.</b>	23c. DATE SIGNED <b>10/12/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-15-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hardy Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hardy, Arkansas</b>
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DATE REC'D BY LOCAL REG. <b>10-14-50</b>	REGISTRAR'S SIGNATURE <b>W.E. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward Carter</b>	ADDRESS <b>Raymond</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

 No. 300  
 10. 48

 296  
 0

Rec 5-19-50

NOV 21 1950  
REC-3

**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 Richard Carter

Licensed Embalmer No. 4516

P. O. Address Shreveport, La

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 29,999.50

County of Greene } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 17th day of November, 1950, before me appears.....

C. H. James, who, upon his oath, states that the original record of <sup>birth</sup>~~death~~

for Lindsey E. Hall died 6:00PM October 12, 1950, in the State of

Missouri, and which was filed at Springfield on October 14, 1950, should be corrected as follows:

Item No. 3 should read Linsey E. Hall

Instead of Lindsey E. Hall

Item No. 8 should read December 10, 1893

Instead of December 10, 1898

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

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Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant C. H. James  
C. H. JAMES, Asst Registrar Relationship: -  
Veterans Administration Hospital  
Springfield, Missouri  
Present Address.

Subscribed and sworn to before me this 17th day of November, 1950

My Commission Expires December 5, 1951 George F. Bond Notary Public.