

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4410 Registrar's No. 42

814  
1

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

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) St. James		c. CITY (If outside corporate limits, write RURAL and give township) St. James	
c. LENGTH OF STAY (In this place) 50yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (none)			

3. NAME OF DECEASED (Type or Print) Ollie	a. (First)	b. (Middle) M.	c. (Last) Hall	4. DATE OF DEATH (Month) 9 (Day) 4 (Year) 50
---	------------	----------------	----------------	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 25 June, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
---------------	------------------------	--	--------------------------------	------------------------------------	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maries County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
--	-----------------------------------	---	-----------------------------------

13a. FATHER'S NAME William Spurgon	13b. MOTHER'S MAIDEN NAME Polly Tipton	14. NAME OF HUSBAND OR WIFE Ode 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 Ode Hall	ADDRESS St. James, Mo.
--	------------------------------	--	------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension about 1 year  DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 50 min
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4:30 PM

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 9-4-1950, to 9-4-1950, that I last saw the deceased alive on 9-4-1950, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. W. Haslinger M.D.	(Degree or title)	23b. ADDRESS St. James	23c. DATE SIGNED Sept. 26/50
-------------------------------------	-------------------	------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-7-50	24c. NAME OF CEMETERY OR CREMATORY Maroon Cemetery	24d. LOCATION (City, town, or county) St. James (State) MO
--	------------------	--	--

DATE REC'D BY LOCAL REG. Sept 26-50	REGISTRAR'S SIGNATURE Cora C. Birmingham	25. FUNERAL DIRECTOR'S SIGNATURE Oe Dechlebe	ADDRESS St James Mo
-------------------------------------	--	--	---------------------

RECEIVED  
Phelps County Health Officer,  
County File Number \_\_\_\_\_  
Date Filed OCT 9 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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Oral E. Licklider*

Licensed Embalmer No. *3544*

P. O. Address *St James 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.