

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34030

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN 0560	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) ALEXANDER c. (Last) HALL			4. DATE OF DEATH (Month) (Day) (Year) Oct 7 1950			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct 5 1871	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Days 2	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING		11. BIRTHPLACE (State or foreign country) Shelby County Ohio		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM H. HALL		13b. MOTHER'S MAIDEN NAME NEOMIA WAGNER		14. NAME OF HUSBAND OR WIFE SARAH B. HALL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Sarah Hall Lewistown		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon.  ANTECEDENT CAUSES. DUE TO (b) Heart know.  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 14 mos.  153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July, 1950, to Oct 7, 1950, that I last saw the deceased alive on Oct 7, 1950, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE A. J. Bellant, M.D.	(Degree or title)	23b. ADDRESS R. Belle Mo. 10/9-50	23c. DATE SIGNED
------------------------------------	-------------------	-----------------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/9/1950	24c. NAME OF CEMETERY OR CREMATORY Edina	24d. LOCATION (City, town, or county) (State) Edina Mo
DATE REC'D BY LOCAL REG. 10-11-50	REGISTRAR'S SIGNATURE P. W. Jennings 161	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James A. ... Lewistown Mo	

H.S. (Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48-60  
1

X

Date Received: **OCT 17 1950**

DISTRICT HEALTH OFFICE #2

District File Number *10-50-1*

Date Filed: **OCT 17 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*James A. Oeder*

Licensed Embalmer No. *2532*

P. O. Address *Lewistown 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.