

THE DIVISION OF HEALTH OF MISSOURI  
 FILED OCT 25 1950. STANDARD CERTIFICATE OF DEATH

State File No. 34224

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5829 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL PORTAGE TWP</b>		c. LENGTH OF STAY (In this place) OR TOWN <b>SIKESTON 1002</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>M.S. HINAY #61 PORTAGE TWP</b>		d. STREET ADDRESS (If rural, give location) <b>733 TAYLOR</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARQUIS</b> b. (Middle) <b>WENDELL</b> c. (Last) <b>HALL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-2-50</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>OCT 22, 1913</b>
9. AGE (In years last birthday) <b>36</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN-FABICK CO</b>	11. BIRTHPLACE (State or foreign country) <b>MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>BERT L. HALL</b>	
13b. MOTHER'S MAIDEN NAME. <b>ERNESTINE BOLLINGTON</b>		14. NAME OF HUSBAND OR WIFE <b>LORETTA HALL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-03-1351</b>	17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <b>Mrs Loretta Hall - Sikeston, Mo</b>	
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) <b>Killed in auto accident. Hit rear end of truck loaded with logs on Highway 61</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>rear end of truck loaded with logs on Highway 61</b> DUE TO (c) <b>Crushed right side of body</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>072</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident. Highway 61</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Portage New Madrid.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>MO.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-2-50</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Hit truck load of logs</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:30 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>L. H. Admitt Coroner 3</b>		23b. ADDRESS <b>New Madrid Mo.</b>	
23c. DATE SIGNED <b>10/3-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL IN</b>	24b. DATE <b>10-4-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN</b>	24d. LOCATION (City, town, or county) (State) <b>HAYTI MO</b>
DATE REC'D BY LOCAL REG. <b>10-10-50</b>	REGISTRAR'S SIGNATURE <b>Ellen DeLisle 219</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Welsh Funeral Home - Sikeston Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

1911  
and

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.