

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36877

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5550 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Caulfield Benton Top</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caulfield Mo-Howell co</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>Caulfield - City 0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Howell Co. Benton Top</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) _____ c. (Last) <u>HALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-27-1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>1-10-1870</u>	9. AGE (In years last birthday) <u>80</u> if UNDER 1 YEAR Months <u>10</u> Days <u>17</u> if UNDER 4 HRS. Hours <u>17</u> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Howell Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Henderson Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Callher</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>J. D. Langston - Caulfield Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>5 days</u> <u>3 yrs or more</u> <u>6 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>urinary Retention</u> DUE TO (c) <u>Prostatic Hypertrophy</u>		
	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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 11-26, 1950, to 11-27, 1950 that I last saw the deceased alive on 11-26, 1950, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. J. Hoerman M.D.</u>	23b. ADDRESS <u>Lainesville, Mo</u>	23c. DATE SIGNED <u>11-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fowler Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caulfield-Howell Co - Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-30-50</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook 379</u>	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Chinkingbear Funeral Home Lainesville Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 4 1950

Dist. File 1250-2408

Date Filed 12-5-50

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 Chasler A. Roof

Licensed Embalmer No. 3044

P. O. Address Hamsville

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.