

FILED NOV 22 1950

## STANDARD CERTIFICATE OF DEATH

39344

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 2745

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Cerro Gordo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mason City</u> <u>8140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moll Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>123 5th N.E.</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-15-1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-16-1862</u>	9. AGE (In years last birthday) <u>88</u>	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	# UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) <u>Indiana Co. Penn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Elder</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret McNutt</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. Sherman Hall</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. -----	17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor H Martin</u> ADDRESS <u>Webster Groves</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>1 wk.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> <u>2 yrs.?</u> DUE TO (c) -----		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 10:20, 1950, to 11-15, 1950, that I last saw the deceased alive on 11-15, 1950, and that death occurred at 3:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Bennett, M.D.</u> (Degree or title)	23b. ADDRESS <u>243 W. Jefferson, Keokuk</u>	23c. DATE SIGNED <u>11-16-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11-18-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garnier Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Garnier Iowa</u>
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DATE REC'D BY LOCAL REG. <u>11-15-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Dombke</u> ADDRESS <u>Webster Groves</u>
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RWR (Licensed Embalmer's Statement on Reverse Side)

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

40014

JUN 29 1937

*Handwritten notes and signatures at the top of the page, including a signature that appears to be "Leslie Welch".*

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 \_\_\_\_\_

*Handwritten signature: Leslie Welch*

Licensed Embalmer No. 4395

P. O. Address Palmer Groves

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.