

FILED MAR 7 1951
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3679

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Holt</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax Mo.</u>		c. LENGTH OF STAY at this place <u>1 hr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0440</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Albert</u> c. (Last) <u>Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24-1951</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 24-1901</u>		
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR <u>4</u> MONTHS <u>0</u> DAYS <u>0</u>		IF UNDER 24 HRS. <u>0</u> HOURS <u>0</u> MIN.				
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ava, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Hall</u>			13b. MOTHER'S MAIDEN NAME <u>Mollie York</u>			14. NAME OF HUSBAND OR WIFE		
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 ADDRESS <u>Mrs. Gerald Hawkins, Fairfax Mo.</u>				
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>2 days</u> <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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) (Min.)		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 _____, 19____, to <u>Feb 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 24</u> , 19 <u>51</u> , and that death occurred at <u>4:20 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Paul W. Musgrave, M.D.</u>			23b. ADDRESS <u>Fairfax, Missouri</u>			23c. DATE SIGNED <u>Feb 28, 1951</u>		
24a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>Pleasant Ridge Cemetery</u>		24b. DATE <u>Feb. 28-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Fairfax, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 1, 1951</u>		REGISTRAR'S SIGNATURE <u>Harvin H. Schooler</u> <u>443</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harvey H. Schooler, Fairfax, Mo.</u>				

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



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Harvey N. Schooler

Signed.....
Student Embalmer

Licensed Embalmer No.....

1662

P. O. Address.....

Fairfax, 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.