S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5386

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5770 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: MERCER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL MADISON TOWNSHIP
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: GRUNDY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPICKARD 0400
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): MELISSA
b. (Middle):
c. (Last): HALL

4. DATE OF DEATH (Month) (Day) (Year): FEB 15 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC-7-1869
9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM WIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JIM MOORE
13b. MOTHER'S MAIDEN NAME: MARTHA WOODS
14. NAME OF HUSBAND OR WIFE: RICHARD HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: MILO MOORE
ADDRESS: MODENA MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
481X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 2, 1951, *to* Feb 16, 1951, *that I last saw the deceased alive on* Feb 20, 1951, *and that death occurred at* 6:05 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Ell Ewing M.D. (Degree or title)
23b. ADDRESS: Spickard Mo
23c. DATE SIGNED: 2-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB-18-51
24c. NAME OF CEMETERY OR CREMATORY: MASONIC CEM.
24d. LOCATION (City, town, or county) (State): SPICKARD MO

DATE REC'D BY LOCAL REG.: 2-19-51
REGISTRAR'S SIGNATURE: M. J. Ruth 393
25. FUNERAL DIRECTOR'S SIGNATURE: SCHOOLER FUNERAL HOME
ADDRESS: SPICKARD MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 28 1951
DISTRICT HEALTH OFFICE
CAMERON, MO.

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 Ross Wise

Signed.....
Student Embalmer

Licensed Embalmer No. 3771

P. O. Address Spickard 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.