

Dr. B. ...  
FILED MAR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5552

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4398 Registrar's No. 116

0780

1. PLACE OF DEATH a. COUNTY <u>Bernscoot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bernscoot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Halland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Halland</u> 0780	
c. LENGTH OF STAY (In this place) <u>32 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Albert</u> c. (Last) <u>Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-9-51</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-31-1901</u>		9. AGE (In years last birthday) <u>49</u> 1 <u>8</u>		10. IF UNDER 1 YEAR Days 11. IF UNDER 1 HR. Hours	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>			11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>James A Hall</u>			13b. MOTHER'S NAME <u>Myrtle Hall</u>			14. NAME OF HUSBAND OR WIFE <u>Myrtle 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>1</u>		16. SOCIAL SECURITY NO. <u>244</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle Hall Halland 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>Chronic Nephritis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</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) _____								<u>592 X</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 Jan 10 1949, to 2/9 1951, that I last saw the deceased alive on 2/9 1951, and that death occurred at 3:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) <u>J. McCallahan D.O.</u>			23b. ADDRESS <u>Steele Mo</u>			23c. DATE SIGNED <u>3/1/51</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Int Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>	
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DATE REC'D BY LOCAL REG. <u>3-5-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Steele Mo</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-51-69

F. B. Docher, M. D.,  
Pikecot County Health Department,  
Caruthersville, Missouri

MAR 07 1957

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.....  
Student Embalmer

Signed John H. Gernan

Licensed Embalmer No. 4355

P. O. Address Hart, 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.