

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8070

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1205 Benton</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Jefferson</u> c. (Last) <u>Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-13-51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 7-1888</u>	9. AGE (In years last birthday) <u>63</u>	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) <u>Exterminator Business</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hawthorne Florida</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James J. Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Riles</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Hall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ollie Hall Springfield, Mo.</u>	

18. CAUSE OF DEATH Enter only once per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Carcinomatosis, abdom.</u>			<u>8 mos.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anaplastic Carcinoma of bladder</u> DUE TO (c)			<u>8 mos</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>181x</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Aug 50 to Mar 13, 1951, that I last saw the deceased alive on Mar 13, 1951, and that death occurred at 8:30p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Don J. Silsby MD</u> (Degree or title)		23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>3-15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-15-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>			

DATE REC'D BY LOCAL REG. <u>3-17-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Hardley MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Klingner & Co. Spfld. Mo.</u>	
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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. _____

Student
Student Embalmer

Signed _____

Max Rhodes

Licensed Embalmer No. _____

4071

P. O. Address _____

Bruny J. ...

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.