

FILED APR 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13916

492

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Webb City	
c. LENGTH OF STAY (In this place) 33yrs		d. STREET ADDRESS (If rural, give location) 419 North Penn.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 419 N. Penn.			
3. NAME OF DECEASED a. (First) CHARLES b. (Middle) E. c. (Last) HALL		4. DATE OF DEATH (Month) (Day) (Year) April 8, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14, 1888
9. AGE (In years last birthday) 62		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. BIRTHPLACE (State or foreign country) Cassville Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor		10b. KIND OF BUSINESS OR INDUSTRY Empire Dist. Elect. Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Isaac C. Hall		13b. MOTHER'S MAIDEN NAME Margaret Laird	14. NAME OF HUSBAND OR WIFE Gertrude Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Gertrude Hall
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) acute cardiac dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right Heart Failure - Cor Pulmonale DUE TO (c) Bronchiogenic Carcinoma 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 checked="" type="checkbox"/>		162X	
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 1, 1950, to Apr 8, 1951, that I last saw the deceased alive on Apr 8, 1951, and that death occurred at 11:22 A.M., from the causes and on the date stated above.			
23a. SIGNATURE R. K. Saylor M.D.		23b. ADDRESS 110 N. Webb St. Webb City Mo.	
23c. DATE SIGNED 4/8/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-10-51	
24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. APR 10-51		REGISTRAR'S SIGNATURE S. L. Rutchette M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Missouri	

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

RECEIVED 4-17-51  
Jasper County Health Office

County File Number 51-4-329

Date Filed 4-17-51

MAY 1 1951

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 Leonard J. Lewis, D.

Licensed Embalmer No. 4561

P. O. Address Wable City, 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.