

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1951

State File No. 17068

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5585 Registrar's No. 129

0490

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

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) OR TOWN Rural, Madison		c. LENGTH OF STAY (In this place) 6 Weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. #3 Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Avilla McDonald	
		d. STREET ADDRESS (If rural, give location) 0490	

3. NAME OF DECEASED (Type or Print) Josephine (n) Hall			4. DATE OF DEATH (Month) (Day) (Year) May 20, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 24, 1867	9. AGE (In years last birthday) 84	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) Retired Tel. Oper.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Du Quoin, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME E. Taylor	13b. MOTHER'S MAIDEN NAME Sarah Gill	14. NAME OF HUSBAND OR WIFE Mr. W.A. Hall
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. - - -	17. INFORMANT'S SIGNATURE OR NAME Mr. Earl Hall	ADDRESS Avilla, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility.		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Encephalomalacia		
		DUE TO (c) arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 332x	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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 1948, to May 20, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 5A m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood, M.D.	(Degree or title)	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 5/20/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-22-1951	24c. NAME OF CEMETERY OR CREMATORY Avilla Cemetery	24d. LOCATION (City, town, or county) (State) Avilla, Mo.
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DATE REC'D BY LOCAL REG. 5-21-51	REGISTRAR'S SIGNATURE L.B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home	ADDRESS Carthage, Mo.
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RECEIVED 5-28-51

Jasper County Health Office

County File Number 51/5/429

Date Filed 5-28-51

MAY 31 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
Student Embalmer

Student Embalmer No.

Signed Gene C. Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, Missouri

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.