

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19798

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri		b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Kennett		c. LENGTH OF STAY (In this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) Cardwell	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Co. Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 0			

3. NAME OF DECEASED (Type or Print) a. (First) Grayce			b. (Middle) -			c. (Last) Hall			4. DATE OF DEATH (Month) (Day) (Year) June 9 1951		
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5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 25, 1887		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Adams Co., Indiana			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME John Adam Cook			13b. MOTHER'S MAIDEN NAME Mary Catherine Barkley			14. NAME OF HUSBAND OR WIFE Onie D. Hall		
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Julia Hall Dalton		ADDRESS Kennett, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)				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 6-9, 1951, to 6-9, 1951, that I last saw the deceased alive on 6-9, 1951, and that death occurred at 7:30 AM, from the causes and on the date stated above.

23a. SIGNATURE W. W. English M.D.		(Degree or title)		23b. ADDRESS Cardwell, Mo.		23c. DATE SIGNED 6-9-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Kennett, Mo.	
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DATE REC'D BY LOCAL REG. June 16-51		REGISTRAR'S SIGNATURE Earl H. Hubbard		90		25. FUNERAL DIRECTOR'S SIGNATURE Paul Salmon		ADDRESS Kennett, Mo.	
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

352

JUL 23 1951

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 6-18-51

COUNTY FILE NUMBER 651-164

JUN 26 1951

NOV 30 1959

JUL 21 1954

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 *[Signature]*

Signed.....
Student Embalmer

Licensed Embalmer No 2556-

P. O. Address *[Address]*

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.