

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31088**

FILED OCT 3 1951

BIRTH NO. _____ REG. DIST. NO. **279** PRIMARY REG. DIST. NO. **4415** Registrar's No. **15**

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

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Clarksville mo		c. CITY (If outside corporate limits, write RURAL and give township) Clarksville 0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. Clarksville		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED a. (First) Mae		b. (Middle) Belle	
c. (Last) Hall		4. DATE OF DEATH (Month) (Day) (Year) Sept-24-1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH March, 2, 1869
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	
11. BIRTHPLACE (State or foreign country) Stuggsville Ill. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Augusta Rollins		13b. MOTHER'S MAIDEN NAME Martha Browning Alderd Hall-Decr.	
14. NAME OF HUSBAND OR WIFE Bryan Hall Clarksville mo		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Bryan Hall Clarksville mo	
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) Cerebro-vascular accident INTERVAL BETWEEN ONSET AND DEATH 3 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis DUE TO (c) 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: 331X	
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 9-24 , 19 51 , to 9-24 , 19 51 , that I last saw the deceased alive on 9-24 , 19 51 , and that death occurred at 11:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE John H. Hooker, M.D.		23b. ADDRESS Clarksville, Mo.	
23c. DATE SIGNED 9-25-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) 11		24b. DATE Sept. 26, 1951	
24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) Clarksville MO	
DATE REC'D BY LOCAL REG. 9-26-51		REGISTRAR'S SIGNATURE Buda Richard	
25. FUNERAL DIRECTOR'S SIGNATURE W. Brown		ADDRESS Clarksville mo	

OCT 17 1951

Date Received: OCT 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1752
Date Filed: OCT 2 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 *W. Brown*.....

Licensed Embalmer No. 2648

P. O. Address *Clarksville 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.