

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34562

State File No. ....

FILED OCT 24 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3022 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>28 yrs</u>		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1818 E 9th St</u>		d. STREET ADDRESS (If rural, give location) <u>1818 E 9th St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11, 1951</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>Oct 17, 1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	-------------------------------------------------	---------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Coal</u>	11. BIRTHPLACE (State or foreign country) <u>Kearney, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
-------------------------------------------------------------------------------------------------------------	------------------------------------------------------	--------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <u>John T. Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Craven</u>	14. NAME OF HUSBAND OR WIFE <u>Georgia Dorsey Hall</u>
----------------------------------------	----------------------------------------------	--------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Blanche Hall, Sedalia, Mo</u>	ADDRESS <u></u>
-----------------------------------------------------------------------------	-----------------------------------	-------------------------------------------------------------------------	-----------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral softening, Since July, 1945.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis, general and marked.</u> DUE TO (c) <u>Hypertension.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile changes.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	-------------------------------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No to all.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>No injury.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No injury.</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>No injury.</u>

22. I hereby certify that I attended the deceased from 1945, off and on, to October, 11, 1951, that I last saw the deceased alive on Two months ago, and that death occurred at 10:30 A.M., from the causes and on the date stated above. IO-14-1

23a. SIGNATURE (Degree or title) <u>E. B. Prader M.D.</u>	23b. ADDRESS <u>112 W st 4th Street, Sedalia, Missouri.</u>	23c. DATE SIGNED <u>10-11-51</u>
-----------------------------------------------------------	-------------------------------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 14, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LaMonte Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>LaMonte, Mo.</u>
---------------------------------------------------------	------------------------------	------------------------------------------------------------	-------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>10/15/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Sedalia, Mo</u>
------------------------------------------	------------------------------------------	-----------------------------------------------------	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 23 1961

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed OCT 23 1961

OCT 30 1961

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 P. C. Baker

Signed.....  
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.