

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42456**

FILED JAN 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **172** PRIMARY REG. DIST. NO. **0802** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cooter</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cooter rural 0780</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>Cooter Prop</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cooter Prop</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jerry</b> b. (Middle) <b>Hally</b> c. (Last) <b>Hally</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-14-51</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	8. DATE OF BIRTH <b>4-24-1912</b>	9. AGE (In years last birthday) <b>39</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>20</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Hunter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Couchman</b>		11. BIRTHPLACE (State or foreign country) <b>Couchman Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>D.B. Hally</b>		13b. MOTHER'S MAIDEN NAME <b>Joe Price</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Lynn Hally</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes War 2</b>		16. SOCIAL SECURITY NO. <b></b>		17. INFORMANT'S SIGNATURE OF NAME ADDRESS <b>Mary Lynn Hally Cooter Mo</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Air-Plane Crash</b>		MEDICAL CERTIFICATION <b>E866X 39</b>	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) <b>Farm</b>		21c. CITY, TOWN, OR TOWNSHIP, (COUNTY) (STATE) <b>Cooter Pemiscot Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec. 14, 1951</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW INJURY OCCURRED <b>Plane Crash</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>James A. Osburn</b>		23b. ADDRESS <b>Wardell, Mo</b>		23c. DATE SIGNED <b>12-14-51</b>	
24a. SERIAL, CREMATION, REMOVAL (If any) <b>Serial 1</b>		24b. DATE <b>12-16-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Zion</b>	
24d. LOCATION (City, town, or county) (State) <b>Stark Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Benson Smith Stark, Mo</b>			
DATE REC'D BY LOCAL REG. <b>Dec 21-51</b>		REGISTRAR'S SIGNATURE <b>J. O. Harrison</b>			

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

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Rec. JAN 5 1952

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

JAN 7 7 1952

MAY 8 1952

JAN 30 1958

VS MAR 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 John W. Gorman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti 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.