

S. No. 300
v. 10.48

DEC 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. **43874**

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6242** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Kingston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Kingston	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cannon Mines		d. STREET ADDRESS (If rural, give location) Cannon Mines	

3. NAME OF DECEASED (Type or Print) a. (First) Buy b. (Middle) Alvin c. (Last) Hall			4. DATE OF DEATH (Month) (Day) (Year) Dec 20 1951		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 4 1887	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR (Month) (Day) (Year) 1 16	11. 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) Laborer	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Brunswick Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Harthy 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. _____	17. INFORMANT'S SIGNATURE OR NAME Harthy Hall Cannon Mines Mo.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart lesion		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 4214	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 **12-18**, 19**51**, to **12-20**, 19**51**, that I last saw the deceased alive on **12-18**, 19**51**, and that death occurred at **7:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph L. Plummer M.D. (Degree or title)	23b. ADDRESS Potosi, Mo.	23c. DATE SIGNED 12-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-22-51	24c. NAME OF CEMETERY OR CREMATORY Germany Cemetery	24d. LOCATION (City, town, or county) (State) St. Francis Co. Mo.
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DATE REC'D BY LOCAL REG. 12/22/51	REGISTRAR'S SIGNATURE Harthy Hall	25. FUNERAL DIRECTOR'S SIGNATURE Walter Luther Spear	ADDRESS Potosi Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1100
1

RECEIVED

DEC 27 1951

WASH. COUNTY HEALTH DEPT.

File No. 1251-273

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

Murphy L. Spence

Licensed Embalmer No. 4236

P. O. Address Flat River, MD

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.