No. 306
10.48

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5853

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 11a

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sale Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho 0732
d. STREET ADDRESS (If rural, give location): 615 W. Brook St.

3. NAME OF DECEASED (Type or Print)
a. (First): Isaac
b. (Middle): Anderson
c. (Last): Hall

4. DATE OF DEATH (Month) (Day) (Year): Feb. 6. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 7. 1906
9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Euston Hall
13b. MOTHER'S MAIDEN NAME: Matilda Anderson
14. NAME OF HUSBAND OR WIFE: Thelma Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 523-09-1699
17. INFORMANT'S SIGNATURE OR NAME: Thelma Hall
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

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 ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 5, 1952, *to* Feb 6, 1952, *that I last saw the deceased alive on* Feb 6, 1952 *and that death occurred at* 7:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold C. Lentz (Degree or title) D.O.M.D.
23b. ADDRESS: Neosho Mo.
23c. DATE SIGNED: 2-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-9-51
24c. NAME OF CEMETERY OR CREMATORY: New Salem.
24d. LOCATION (City, town, or county) (State): Newton County, Mo.

DATE REC'D BY LOCAL REG.: 2-18-52
REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D. 223
25. FUNERAL DIRECTOR'S SIGNATURE: Corley Thompson
ADDRESS: Neosho, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Registered Health Officer No.

District File Number

Date Filed FEB 25 1952

ZCGT 6 AMEC

6 AMEC

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

NOV 19 1957

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 Corley Thompson Jr.

Signed

Student Embalmer

Licensed Embalmer No. 4861

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.