

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 4291 Registrar's No. 27

240
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty	
c. LENGTH OF STAY (In this place) 5 weeks		d. STREET ADDRESS (If rural, give location) 119 N. Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION IOOF Hospital			

0241

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) EDGAR	b. (Middle) PRICE	c. (Last) HALL	March 19, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4, 1862	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired merchant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kearney, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George Hall	13b. MOTHER'S MAIDEN NAME Rebecca Courtney	14. NAME OF HUSBAND OR WIFE Leslie Bullock Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leslie B. Hall, Liberty, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. Arteriosclerosis.		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

4500

22. I hereby certify that I attended the deceased from _____, 1952, to _____, 19____, that I last saw the deceased alive on Feb 19, 1952, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. G. Gadsden (Degree or title)	23b. ADDRESS Liberty, Mo.	23c. DATE SIGNED 3/23/52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-22-52	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
		24d. LOCATION (City, town, or county) (State) Liberty, Missouri

DATE REC'D BY LOCAL REG. March 22, 1952	REGISTRAR'S SIGNATURE Dr. J. H. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Liberty, Mo.
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John Parley
Licensed Embalmer No. 4308
P. O. Address Liberty 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.