

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11856

State File No. _____

FILED APR 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>376</u>		PRIMARY REG. DIST. NO. <u>4560</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORWOOD</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DES MOINES 3140</u>		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MILLARD Rest Home</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARJORIE</u> b. (Middle) <u>PLUMMER</u> c. (Last) <u>HALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 4, 1952</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 23, 1913</u>		9. AGE (In years last birthday) <u>39</u>		10. MONTHS <u>0</u>	11. DAYS <u>11</u>	12. IF UNDER 18, HOURS <u></u> MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT OWNER</u>		11. BIRTHPLACE (State or foreign country) <u>DES MOINES, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>B.F. MILLARD</u>			13b. MOTHER'S MAIDEN NAME <u>Leta Froese</u>		14. NAME OF HUSBAND OR WIFE <u>DAN HALL</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. B.F. MILLARD</u>				ADDRESS <u>NORWOOD, MO.</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, asthma, 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>Myocardial Insufficiency</u>				DUPLICATE OF (b) <u>Malignant Hypertension</u>				<u>10 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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? <u>441X</u>		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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>March 20, 1952</u> to <u>April 4, 1952</u> , that I last saw the deceased alive on <u>April 3, 1952</u> , and that death occurred at <u>6:35 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Newton D. Newfield DO</u>				23b. ADDRESS <u>Mansfield, Mo.</u>			23c. DATE SIGNED <u>4-5-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK FOREST</u>		24d. LOCATION (City, town, or county) (State) <u>NORWOOD MO.</u>			
DATE REC'D BY LOCAL REG. <u>4-7-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. A.R. Worsham</u>			347		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grable W. Wills</u> ADDRESS <u>NORWOOD, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

140

RECEIVED APR 10 1952
WRIGHT CO. HEALTH DEPT.
County File Number 452-52
Date Filed 4-12-52

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Intn Grave, m

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.