

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20260

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5513 Registrar's No. 426

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lewisville Twp</u> c. LENGTH OF STAY (in this place) <u>5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lewisville Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lewisville Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Lewisville Twp 0478</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Hall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-9-1952</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>4-6-1899</u>
9. AGE (in years last birthday) <u>53</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tenn</u>
11a. FATHER'S NAME <u>Steve Nell</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel Hall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Daniel Hall</u>		ADDRESS <u>Clinton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Heart Disease / 1 month</u> DUE TO (c) _____ 2. 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"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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>January</u> , 1948, to <u>June</u> , 1952, that I last saw the deceased alive on <u>June 30</u> , 1952, and that death occurred at <u>8:00 PM.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Daniel O. Smith M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton, Missouri</u>	
23c. DATE SIGNED <u>7-11-52</u>		24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	
24b. DATE <u>7-11-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shady Grove cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman-Dunning</u>	
DATE REC'D BY LOCAL REG. <u>July-11-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Clinton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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

Robert L. Dunning

Licensed Embalmer No. *4796*

P. O. Address *Clinton 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.