

S. No. 309
V. 10.48

NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35516

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 160

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon
c. LENGTH OF STAY (in this place) 2 hrs.
d. FULL NAME OF THE LOCAL HOSPITAL OR INSTITUTION Jackson & H. W. 66

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ontario b. COUNTY Dunwick
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dutton 8604
d. STREET ADDRESS (If rural, give location) Shackelton St.

3. NAME OF DECEASED
(Type or Print) a. (First) Mary b. (Middle) Edith c. (Last) Hall

4. DATE OF DEATH
(Month) (Day) (Year)
Nov. 2 1952

5. SEX
F

6. COLOR OR RACE
W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
May 27 1899

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
53

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At. Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Ottawa Ontario Canada 2

12. CITIZEN OF WHAT COUNTRY?
CANADA

13a. FATHER'S NAME
Henry O Hewitt

13b. MOTHER'S MAIDEN NAME
Rose Watson

14. NAME OF HUSBAND OR WIFE
Thomas G. Hall

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 ADDRESS
T. G. Hall Dutton Ontario Canada

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
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.

INTERVAL BETWEEN ONSET AND 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)
4201

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 7:20 P.M. to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Richard S. Palmer Coroner Lebanon MO

23b. ADDRESS

23c. DATE SIGNED
11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE
Nov. 4 1952

24c. NAME OF CEMETERY OR CREMATORY
Malivale

24d. LOCATION (City, town, or county) (State)
Carlton Co. Ontario Canada

DATE REC'D BY LOCAL REG.
11-5-1952

REGISTRAR'S SIGNATURE
Hella L. Gray

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Johnson Lebanon MO

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

0532
3

53

FEB 24 1953

Received _____ NOV 8 1952
Laclede County Health Unit
File No. _____ 11: 52 - 151
Date Filed _____ NOV 10 1952

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 S. P. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon, 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.