5. No. 300
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WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1952

State File No. 36103

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 342

1. PLACE OF DEATH
a. COUNTY St Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elvins
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) 226 Large

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elvins 0940
d. STREET ADDRESS (If rural, give location) 226 Large

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

4. DATE OF DEATH (Month) (Day) (Year) oct 17 1952

5. SEX female 1

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1

8. DATE OF BIRTH March 17 1904

9. AGE (In years last birthday) 48
If under 1 year: Months 7 Days 0
If under 24 hrs.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Iron Mountian Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lawrence Sweeney

13b. MOTHER'S MAIDEN NAME Mamie Hall

14. NAME OF HUSBAND OR WIFE Arch L Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME Arch L Hall ADDRESS Esther, Mo.

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) Cancer - uterus — INTERVAL BETWEEN ONSET AND DEATH 9 - 12 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~Ø~~
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes — 10 yr; Nephritis ch — 6 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 174X

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* oct, 1942, *to* oct 17, 1952, *that I last saw the deceased alive on* oct 17, 1952, *and that death occurred at* 6:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE H.W. Zumpan (Degree or title) DO

23b. ADDRESS Flat River Mo

23c. DATE SIGNED 10/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 1952

24c. NAME OF CEMETERY OR CREMATORY Masonic Cem.

24d. LOCATION (City, town, or county) (State) Bismark Mo.

DATE REC'D BY LOCAL REG. Oct. 24, 1952

REGISTRAR'S SIGNATURE Esther Rudolph

25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell ADDRESS Flat River Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1953

SEP 14 1954

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.