No. 300
10.48

FILED DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39841

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6042 Registrar's No. 343

910
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oxly Mo. Varner
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee Mo
d. STREET ADDRESS (If rural, give location): 1001

3. NAME OF DECEASED (Type or Print)
a. (First): Bert Lee
b. (Middle): Hall
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Nov 17, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec 17 1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 11, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Frisco RR.
11. BIRTHPLACE (State or foreign country): Senath Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John W. Hall
13b. MOTHER'S MAIDEN NAME: Almeda Parker
14. NAME OF HUSBAND OR WIFE: Erna Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Not Known —
16. SOCIAL SECURITY NO.: Not given
17. INFORMANT'S SIGNATURE OR NAME: B. J. Hall ~~Hall~~ Hayti, Mo — ADDRESS

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): Died after House back

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ride and walked
DUE TO (c): back to house and

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: fell died of carnasy

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Heart disease
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? 4201

22. *I hereby certify that I attended the deceased from* did not treat, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 6.00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Williams M.D. Corner
23b. ADDRESS: Doniphan Mo
23c. DATE SIGNED: 12-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-19-52
24c. NAME OF CEMETERY OR CREMATORY: East Woodlawn
24d. LOCATION (City, town, or county) (State): Hayti, Mo.

DATE REC'D BY LOCAL REG.: 12-8-52
REGISTRAR'S SIGNATURE: C. B. Johnston 277
25. FUNERAL DIRECTOR'S SIGNATURE: German Funeral Home — ADDRESS: Hayti Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 15 1952

JAN 20 1953

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed George A. Kelly

Licensed Embalmer No. 4752

P. O. Address Doniphan, 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.