

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5652

State File No. ....

FILED MAR 2 - 1953 1752

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEST PLAINS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEST PLAINS</b> 0461	
c. LENGTH OF STAY (In this place) <b>?</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHRISTA HOGAN HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>Barbara Ann Hall</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-5-53</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT</b>	8. DATE OF BIRTH <b>2-5-53</b>	9. AGE (In years last birthday) <b>5</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>WEST PLAINS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
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13a. FATHER'S NAME <b>DEAN HALL</b>		13b. MOTHER'S MAIDEN NAME <b>WYMA RUSSELL</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>X</b>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>DEAN HALL, DORA, MISSOURI</b>			ADDRESS
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Par. Embryonic Toxemia in Mother - Foreign Delivery with Retention. Uterine Injuries in Mother.</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity 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.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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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?
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22. I hereby certify that I attended the deceased from **5 Feb**, 19**53**, to **5 Feb**, 19**53**, that I last saw the deceased alive on **5 Feb**, 19**53**, and that death occurred at **11:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robertson N. M. D.</b>	(Degree or title)	23b. ADDRESS <b>West Plains, Mo.</b>	23c. DATE SIGNED <b>FEB 21 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24b. DATE <b>2-25-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SWEETON CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>DORA, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>2-25-53</b>	REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>ROBERTSON'S, WEST PLAINS, MISSOURI</b>	ADDRESS <b>379</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*D. S. Roberts*

Licensed Embalmer No.

*343*

P. O. Address

*West Plains*

**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.