

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8563

State File No.

FILED FEB 26 1953

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Breton Twp.		c. LENGTH OF STAY (In this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Breton Twp. 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mineral Point, Mo. Rt 1		d. STREET ADDRESS (If rural, give location) Mineral Point, Mo. Rt 1			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Ruth	b. (Middle) Ann		c. (Last) Hall		Jan. 30, 1953
5. SEX female	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan. 10, 1950		9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months - Days 20 Hours - Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Guy Hall		13b. MOTHER'S MAIDEN NAME Dorothy Brewer		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Hall Mineral Point, Mo.			
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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) Pneumonia double INTERVAL BETWEEN ONSET AND DEATH 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. 490X			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			

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) Breton Washington MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 1-26, 1953, to 1-26-53, that I last saw the deceased alive on 1-26-, 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. L. Gibson D.S. Coroner		23b. ADDRESS Potosi, MO	23c. DATE SIGNED 1-30-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan. 31, 1953	24c. NAME OF CEMETERY OR CREMATORY Germany Gemetery	24d. LOCATION (City, town, or county) (State) Mineral Point, Mo.
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DATE REC'D BY LOCAL REG. 1/31/53	REGISTRAR'S SIGNATURE Robert Gibson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Smith-Higginbotham F H Potosi, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 3 1953

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *Mary M. Smith*

Licensed Embalmer No. *4394*

P. O. Address *Potosi, 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.