

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 57

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> OR TOWN <u>Liberty Twn.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Booneville, Mo.</u>		c. LENGTH OF STAY (In this place) <u>3 1/2 Weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph H ospital</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi. South of Shackelford, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Adolphus</u>	c. (Last) <u>Hall</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 23 1896</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 12 HRS. Days <u>14</u>	Hours <u>14</u>	Min. <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer—Own Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm Work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>4 Mi. south of Shackelford—U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>William W. Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Georgia Ann Crain</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. A. D. Halsey-Marshall</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. D. Halsey-Marshall</u>	ADDRESS <u>Missouri</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>26 days</u>
	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 <u>330X</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 April 13, 1953, to May 7, 1953, that I last saw the deceased alive on May 7, 1953, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Nickmann MD</u>	(Degree or title)	23b. ADDRESS <u>Booneville, Mo</u>	23c. DATE SIGNED <u>5-9-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hershey, Missouri</u>
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DATE RECD BY LOCAL REG. <u>5/9/53</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Sweeney-Marshall</u>	ADDRESS <u>Missouri</u>
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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 J. Leslie Swanson

Licensed Embalmer No. 2235

P. O. Address Marshall, W. Va.

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.