

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13773**

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **5422** Registrar's No. **61**

350
3

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hi. 25, at Friendship		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb	
c. LENGTH OF STAY (In this place) 2		d. STREET ADDRESS (If rural, give location) City	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Independence Township			

3. NAME OF DECEASED (Type or Print) OREN	a. (First)	b. (Middle)	c. (Last) HALL	4. DATE OF DEATH (Month) (Day) (Year) May 4 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18, 1911	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 16	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Cleve Hall	13b. MOTHER'S MAIDEN NAME Nancy Hardester	14. NAME OF HUSBAND OR WIFE Iona Hall
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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) no	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Oren Hall	ADDRESS Holcomb, Missouri
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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) Basal Fracture of Skull		INTERVAL BETWEEN ONSET AND DEATH 1.35
	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.		

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 25	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Friendship Dunklin Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 4, 1953 6P m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car wreck
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22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 6P m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or other) Quinton Tarver	(Doctor or other) 3 Coroner JMD	23b. ADDRESS Kennett, Mo.	23c. DATE SIGNED 5/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 6, 1953	24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery	24d. LOCATION (City, town, or county) (State) Clarkston, Mo. Rte. 1
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DATE REC'D BY LOCAL REG. 5-5-1953	REGISTRAR'S SIGNATURE Carl Hubert	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home	ADDRESS Campbell, Mo.
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5-12-53
COUNTY FILE NUMBER 553-124

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..... *Edgar Lee Ford*

Signed.....
Student Embalmer

Licensed Embalmer No. *4433*

P. O. Address *Kenett m*

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.