

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17040

State File No. ....

FILED MAY 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>38</u>	PRIMARY REG. DIST. NO. <u>3006</u>	Registrar's No. <u>143</u>
1. PLACE OF DEATH a. COUNTY <u>Boone 01051</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	c. LENGTH OF STAY (in this place) <u>about 50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> 01050		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u># Hoppers Flats</u>		d. STREET ADDRESS (If rural, give location) <u># Hoppers Flats</u>		
3. NAME OF DECEASED a. (First) <u>TOM</u>		b. (Middle) _____	c. (Last) <u>HALL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1953</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>about 1888</u>		9. AGE (In years last birthday) <u>about 65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Mollie Hall</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Tom Hall, Chicago Ill.</u> 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>  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"/>
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) (Min.) _____		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 <u>12 May, 1953</u> , to <u>12 May, 1953</u> , that I last saw the deceased alive on <u>12 May, 1953</u> , and that death occurred at <u>12:50 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. Roy J. Miller M.D.</u>		23b. ADDRESS <u>Suitor Bldg Columbia Mo</u>		23c. DATE SIGNED <u>8 May 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Log Providence</u>
24d. LOCATION (City, town, or county) (State) <u>Boone Co Mo</u>		DATE REC'D BY LOCAL REG. <u>May 18 1953</u> REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stan D. Parker</u>		ADDRESS <u>Columbia Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

JUN 5 1959

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

*[Handwritten Signature]*

Licensed Embalmer No. 2900

P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.