

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31611**
Registrar's No. **215**

FILED OCT 13 1953

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4216	
1. PLACE OF DEATH a. COUNTY Henry,			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor, Missouri		c. LENGTH OF STAY (In this place) 1 day,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leeton, Missouri. 6510	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Windsor Community Hospital,			d. STREET ADDRESS (If rural, give location) Leeton, Mo. 1		
3. NAME OF DECEASED (Type or Print) a. (First) Ottie b. (Middle) May c. (Last) Hall			4. DATE OF DEATH (Month) (Day) (Year) Oct. 2nd. 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Widow,	8. DATE OF BIRTH May, 24, 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife,		10b. KIND OF BUSINESS OR INDUSTRY Home,	11. BIRTHPLACE (State or foreign country) Johnson County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Owen S. Cooper,		13b. MOTHER'S MAIDEN NAME Mattie Wall		14. NAME OF HUSBAND OR WIFE Griffen Lee Roy Hall,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gorden Hall, Kansas City, Missouri	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident ANTECEDENT CAUSES Severe Hypertension DUE TO (b) (Known I like..) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 12 hrs..
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 331X 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 9-25 , 19 53 , to 10-2- , 19 53 , that I last saw the deceased alive on 10-2- , 19 53 , and that death occurred at 6:40A. am., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Claude M. Shurber		23b. ADDRESS M.D. Windsor, Missouri		23c. DATE SIGNED 10-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-5, 1953		24c. NAME OF CEMETERY OR CREMATORY Mineral Creek Cemetery	
				24d. LOCATION (City, town, or county) (State) Leeton, Missouri	
DATE REC'D BY LOCAL REG. Oct 5-53		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. B. Bauninger Warrensburg, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....

R. A. Brauning

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.