

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35026

State File No. ....

FILED NOV 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>0109</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Columbia</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hulen Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>1317 Wilson Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>HALL</u>			4. DATE OF DEATH <u>Nov. 13, 1953</u> (Month) (Day) (Year)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 15, 1858</u>		9. AGE (In years last birthday) <u>95</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>P.S. Hollins</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Winston</u>		14. NAME OF HUSBAND OR WIFE <u>Uriel Sebree Hall</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C.T. Jackson, Columbia, Mo.</u>		ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Cold</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<u>5 Days</u>	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Arteriosclerosis</u>		Duration <u>Unknown</u>	
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) _____		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 Aug. 15, 1952, to Nov. 13, 1953, that I last saw the deceased alive on Nov. 11, 1953, and that death occurred at 11:20 A.M., from the causes and on the date stated above.					
23a. SIGNATURE <u>L. Lachance, M.D.</u> (Degree or title)		23b. ADDRESS <u>110 W. Sneed St. Centralia, Mo.</u>		23c. DATE SIGNED <u>11/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri.</u>			

DATE REC'D BY LOCAL REG. <u>Nov. 14-1953</u>		REGISTRAR'S SIGNATURE <u>Maud M<sup>c</sup>Bride</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service, Columbia, Mo</u> ADDRESS _____	
(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 ....., Student Embalmer No.....

working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Jack Phillips* .....

Licensed Embalmer No. *489*

P. O. Address *Columbia* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.