

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35716**

FILED NOV 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette	
c. LENGTH OF STAY (in this place) 5 1/2 MO.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lee Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle) Davis	c. (Last) Hall	(Month) Oct.	(Day) 21	(Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 2, 1866	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 4 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lemuel Hall	13b. MOTHER'S MAIDEN NAME Mary Thompson	14. NAME OF HUSBAND OR WIFE Lissie Grigsby
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs E. C. Alexander	ADDRESS Kansas City, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____		2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Eudartosis Oblitans			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Fayette Howard Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1, 1953** to **Oct 21, 1953** that I last saw the deceased alive on **Oct 21, 1953**, and that death occurred at **2** m., from the causes and on the date stated above.

23a. SIGNATURE W. Bloom	(Degree or title)	23b. ADDRESS Fayette Mo	23c. DATE SIGNED 10-26-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/23/53	24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette Missouri
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DATE REC'D BY LOCAL REG. 10-26-53	REGISTRAR'S SIGNATURE Mary R. Shell	25. FUNERAL DIRECTOR'S SIGNATURE Harold D. Carr	ADDRESS Fayette, Mo
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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
Student Embalmer

Signed _____

Ralph A. Carr

Licensed Embalmer No. *3240*

P. O. Address *Fayette 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.