

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43628**  
Registrar's No. **430**

FILED JAN 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ralls</b>	
b. CITY OR TOWN <b>Hannibal</b>	c. LENGTH OF STAY in this place	c. CITY OR TOWN <b>Ashburn</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>0820</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Viator</b> b. (Middle) <b>L</b> c. (Last) <b>Hallows</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 18 1953</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-21-1900</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ashburn, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>

13a. FATHER'S NAME <b>WILLIAM HALLOWS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY HOULSA</b>		14. NAME OF HUSBAND OR WIFE <b>BILLIE FOSTER HALLOWS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Billie Hallows, Ashburn, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Uremia</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <b>Fracture of skull</b>		Dec 7	
ANTECEDENT CAUSES		DUE TO (c) <b>Yell</b>		Dec 7	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS		Dec 1	
Conditions contributing to the death but not related to the disease or condition causing death. <b>Enterostomy</b>		19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION <b>Colitis</b>		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) <b>119</b> (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 <b>1944</b> , to <b>Dec 18 1953</b> that I last saw the deceased alive on <b>Dec 18, 1953</b> and that death occurred at _____ m., from the causes and on the date stated above.			

23a. SIGNATURE <b>W. H. Airdy, M.D.</b> (Degree or title)		23b. ADDRESS <b>Hannibal Mo.</b>		23c. DATE SIGNED <b>12-19-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>DEC. 21, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>PIKE COUNTY, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. M. Collier, Louisiana, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>12-23-53</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Tucker</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. M. Collier, Louisiana, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 29 1953

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILE DEC 29 1953

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 *G. M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana*

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.