

FILED JAN 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45152

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>264</u>		PRIMARY REG. DIST. NO. <u>3898</u>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Paris</u>		c. LENGTH OF STAY (in this place) <u>6 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Paris</u>				OR TOWN <u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>				d. STREET ADDRESS (If rural, give location) <u>R + D</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Traver</u>			b. (Middle) <u>Cleveland</u>			c. (Last) <u>Hall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-53</u>	
5. SEX <u>mo</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>		8. DATE OF BIRTH <u>12-18-1889</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u> IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Paris mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>C C Hall</u>			13b. MOTHER'S MARDEN NAME <u>Olga Terester</u>			14. NAME OF HUSBAND OR WIFE <u>Mannie J. Hall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give way or dates of service)			16. SOCIAL SECURITY NO. <u>2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mannie Hall, Paris mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>  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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7200</u>						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>Feb. 9, 1953</u> , to <u>Dec 16, 1953</u> , that I last saw the deceased alive on <u>12/16/53</u> , and that death occurred at <u>9:20</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Richard B. Mitchem 2 DO.</u>				23b. ADDRESS <u>Mrs. Grace, Missouri</u>			23c. DATE SIGNED <u>12/21/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Caton</u>		24d. LOCATION (City, town, or county) (State) <u>Paris</u>			
DATE REC'D BY LOCAL REG. <u>JAN 23 1954</u>		REGISTRAR'S SIGNATURE <u>Olga B. Bridger</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson Mortuary mo</u>				

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 W. Roberts

Licensed Embalmer No. 3437

P. O. Address West Plains, 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.