

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

646

State File No.

No. 300
10-48

BIRTH NO. FILED JAN 14 1954 REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5297 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jackson</u>	c. LENGTH OF STAY (in this place) <u>7 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. N. W. of Lawson</u>	

3. NAME OF DECEASED (Type or Print) <u>SACK</u>	a. (First)	b. (Middle) <u>M.</u>	c. (Last) <u>HALL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 6, 1896</u>	9. AGE (In years last birthday) Months Days <u>57 1 28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>California</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	13c. NAME OF HUSBAND OR WIFE <u>Leta Hall</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>590-18-6106</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leta Hall</u> ADDRESS <u>Lawson Mo</u>

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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>Lawson Clinton Mo.</u>
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

22. I hereby certify that I attended the deceased from July, 1952 to Jan 4, 1954; that I last saw the deceased alive on Jan 4, 1954, and that death occurred at 5:40 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter Duchier M.D.</u>	23b. ADDRESS <u>Lawson Mo</u>	23c. DATE SIGNED <u>1/5/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 6 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>
	24d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u>	

DATE REC'D BY LOCAL REG. <u>Jan 6-1954</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Scarce</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jarman Prichard</u> ADDRESS <u>Lawson Mo</u>
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(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
Student Embalmer

Signed *Lincoln K. Zerman*

Licensed Embalmer No. *4589*

P. O. Address *Eschion Springs, 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.