

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 11 1954

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>30</u>					
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Linn</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits; write RURAL and give township) <u>Ch. Chillicothe</u>		d. STREET ADDRESS (If rural, give location) <u>1320 West Clay</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1320 Clay St.</u>				d. STREET ADDRESS (If rural, give location) <u>1320 West Clay</u>							
3. NAME OF DECEASED a. (First) <u>JAMES</u> (Type or Print)			b. (Middle) <u>ARTHUR</u>		c. (Last) <u>HALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1954</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan-28-1884</u>		9. AGE (In years) (If under 1 year: Hours) (Mins.) <u>69</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>DAWN - MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Sydney Hall</u>			13b. MOTHER'S MAIDEN NAME <u>Florence Rochold</u>			14. NAME OF HUSBAND OR WIFE <u>Estella Hall</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>-</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Estella Hall</u>			ADDRESS <u>Chillicothe Mo</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rt mandible about 3 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND 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)						
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 <u>Jan 1</u> , 19 <u>50</u> to <u>Dec 20</u> , 19 <u>53</u> ; that I last saw the deceased alive on <u>Dec 20</u> , 19 <u>53</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>M. D. G. Chillicothe Mo</u>				23b. ADDRESS <u>1-8-1954</u>		23c. DATE SIGNED					
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Colona Cem</u>		24d. LOCATION (City, town, or County) (State) <u>Colona, Cass Co. MO</u>					
DATE REC'D BY LOCAL REG. <u>1-8-54</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Roberson</u>			ADDRESS <u>Jamesport MO</u>			

(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 Q. L. Roberson

Licensed Embalmer No. 3244

P. O. Address Jamestown ms

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.