

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

State File No. **1981**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **61**

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Livingston | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe | | c. LENGTH OF STAY (in this place) 42 yrs. | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe | | d. STREET ADDRESS (If rural, give location) 428 Cowgill | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 428 Cowgill St. | | e. STREET ADDRESS (If rural, give location) 428 Cowgill | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ROBERT | | b. (Middle) EMMETT | |
| c. (Last) HALL | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1954 | |
| 5. SEX <input type="radio"/> Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 19, 1881 |
| 9. AGE (in years last birthday) 72 | | 10. IF UNDER 1 YEAR Months | 11. IF UNDER 1 YEAR Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY General labor | 11. BIRTHPLACE (City and State or Foreign Country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME James W. Hall | |
| 13b. MOTHER'S MAIDEN NAME Rachael Peppan | | 14. NAME OF HUSBAND OR WIFE Machael Hall | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 488-14-7166 | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. R. E. Hall, Chillicothe, Mo. | | ADDRESS Chillicothe, Mo. | |
| 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) Chronic myocarditis | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH ? | |
| 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) | | | |
| 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 Jan 9, 1954 , to Feb 5, 1954 , that I last saw the deceased alive on Feb 4, 1954 , and that death occurred at 10:45 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Joseph F. Gale (Degree or title) med. | | 23b. ADDRESS Chillicothe Mo. | |
| 23c. DATE SIGNED 2-6-54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb. 8, 1954 | |
| 24c. NAME OF CEMETERY OR CREMATORY Utica cemetery | | 24d. LOCATION (City, town, or county) (State) Utica, Mo. | |
| DATE REC'D BY LOCAL REG. 2-6-54 | | REGISTRAR'S SIGNATURE Francis B. Nail | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Russell Jordan | | ADDRESS Chillicothe Mo. | |

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 Ronald Gordon

Licensed Embalmer No. 491

P. O. Address Chillicothe 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.