

MO. 300
70-48

49643-53
FILED MAR 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5681

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i>		b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia</i>		c. LENGTH OF STAY (In this place) <i>24</i>		c. CITY OR TOWN <i>Sedalia</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bothwell Hosp.</i>		• STREET ADDRESS (If rural, give location) <i>RFD 1</i>			

3. NAME OF DECEASED (Type or Print) <i>Harold Dean Hall</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 23, 1954</i>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>Aug. 21, 1953</i>	9. AGE (In years last birthday) <i>6</i>	10. UNDER 1 YEAR Months <i>6</i>	11. UNDER 24 HRS. Days <i>6</i>	12. UNDER 24 HRS. Hours <i>6</i>	13. UNDER 24 HRS. Min. <i>6</i>
-----------------------	----------------------------------	--	--	---	--	---------------------------------------	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Warsaw, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
--	--	---	--	---	--	--	--

13a. FATHER'S NAME <i>Lawrence Hall</i>		13b. MOTHER'S MAIDEN NAME <i>Lelia Sapp</i>		14. NAME OF HUSBAND OR WIFE <i>—</i>			
--	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>—</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lawrence Hall - RFD 1</i>			
--	--	-------------------------------------	--	---	--	--	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia, Bronchial</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <i>491X</i>				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 *2-22-1954* to *2-23-1954*, that I last saw the deceased alive on *2-23-1954*, and that death occurred at *5:00P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. Siegel MD</i>		23b. ADDRESS <i>Smithton Mo</i>		23c. DATE SIGNED <i>2-24-54</i>	
--	--	------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-25-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Pleasant</i>		24d. LOCATION (City, town, or county) (State) <i>Lincoln Mo</i>	
--	--	-----------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <i>2-25-54</i>		REGISTRAR'S SIGNATURE <i>Clayde A. Boyer</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. Laughlin Bros - Sedalia</i>			
--	--	---	--	---	--	--	--

(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.....
Signature of Student Embalmer

Signed..... *K P M Cray*
Licensed Embalmer No..... *3*

P. O. Address..... *Sedale*

**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.**