

STANDARD CERTIFICATE OF DEATH

State File No. **7652**

FILED MAR 16 1954 BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **42**

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1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL and give township) MEXICO		c. CITY (If outside corporate limits, write RURAL and give township) MEXICO	
c. LENGTH OF STAY (In this place) 17 HRS.		0043 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION AUDRAIN COUNTY HOSPITAL		d. STREET ADDRESS (If rural, give location) SO. MULDROW ST.	

3. NAME OF DECEASED (Type or Print) BERTHA MARY HALL			4. DATE OF DEATH MARCH 9, 1954		
a. (First)	b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 2, 1879		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) AUDRAIN COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? u.s.a.

13a. FATHER'S NAME HENERY WEBER	13b. MOTHER'S MAIDEN NAME LOUISE TEBEE	14. NAME OF HUSBAND OR WIFE WILLIAM HALL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME EMMET HALL	ADDRESS MEXICO, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary failure	DUPLICATE		2 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		1 mo
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		10 yrs
	DUE TO (b) Coronary Thrombosis		
	DUE TO (c) Arteriosclerosis		
	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? 332X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **1/23, 1954** to **3/9, 1954**, that I last saw the deceased alive on **3/8, 1954**, and that death occurred at **7:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. Kallibach	(Degree or title) 0 M.D.	23b. ADDRESS Mexico, Missouri	23c. DATE SIGNED 3/10/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/9/54	24c. NAME OF CEMETERY OR CREMATORY EIMWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) MEXICO - MISSOURI
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DATE REC'D BY LOCAL REG. Mar 9-1954	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Tail T. Church	ADDRESS Mexico Mo.
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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 Billy J. Skinner

Licensed Embalmer No. 4784

P. O. Address MEXICO, 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.