

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11553

State File No.

BIRTH NO. FILED MAY 3 1954 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give town) JEFFERSON CITY		c. LENGTH OF STAY (in this place) 28 yrs		c. CITY OR TOWN UNKNOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE PENITENTIARY HOSPITAL		f. STREET ADDRESS (If rural, give location) UNKNOWN			

3. NAME OF DECEASED (Type or Print)		a. (First) ALFRED		b. (Middle)		c. (Last) HALL		4. DATE OF DEATH (Month) (Day) (Year) APRIL 29 1954	
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN		8. DATE OF BIRTH 4/10/1900		9. AGE (In years last birthday) 54		if UNDER 1 YEAR Months Days 0 19		if UNDER 24 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE UNKNOWN	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME MISSOURI STATE PENITENTIARY HOSPITAL		ADDRESS MISSOURI STATE PENITENTIARY HOSPITAL	
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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						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral Thrombosis							
ANTECEDENT CAUSES		DUE TO (b) Hypertension							
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arterio Sclerotic Heart Disease							
II. OTHER SIGNIFICANT CONDITIONS		Bilateral Pulmonary Tuberculosis							
Conditions contributing to the death but not related to the disease or condition causing death.		Diabetes Mellitus.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200 A				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 2pm		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) 2pm		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 April 8, 1953, to April 29, 1954, that I last saw the deceased alive on April 28, 1954, and that death occurred at 11:55 am., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title)		23b. ADDRESS JEFFERSON CITY, MISSOURI		23c. DATE SIGNED 4/29/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May-2-1954		24c. NAME OF CEMETERY OR CREMATORY Boston Cemetery		24d. LOCATION (City, town, or county) (State) Oldfield, Missouri	
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DATE REC'D BY LOCAL REG. Apr 30-54		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Jefferson City, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

68-0

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 *Joseph J. Jordan*
.....

Licensed Embalmer No. *128*
P. O. Address *Jeff City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.