

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16735**

FILED JUN 7 1954

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>21</u>			
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>NEWTON</u>	
b. CITY OR TOWN <u>GRANBY</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>RURAL</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRANBY COMMUNITY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>NEOSHO R.F.D. 0780</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIE</u>			b. (Middle) _____		c. (Last) <u>HALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 22 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>APRIL 4, 1875</u>		9. AGE (In years) (If under 1 year: Months) (If under 24 hrs: Hours) (Min.) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE HALL</u>			13b. MOTHER'S MAIDEN NAME <u>MARY ORR</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If you give year or date of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Martin Neosho Mo.</u>			ADDRESS <u>R#4</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute congestive heart failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>	
				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. <u>acute malnutrition</u>					
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>5-21-1954</u> , to <u>5-22-1954</u> , that I last saw the deceased alive on <u>5-22-1954</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Melvin M. Cullough M.D.</u>				(Degree or title)		23b. ADDRESS <u>Sav. BK Bldg. Neosho Mo.</u>		23c. DATE SIGNED <u>5/24/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-25-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GERMAN</u>		24d. LOCATION (City, town, or county) <u>Newton County Missouri</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>May 28, 1954</u>		REGISTRAR'S SIGNATURE <u>M. S. Young</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson</u>		ADDRESS <u>Neosho Mo.</u>		

(Licensed Embalmer's Statement (Reverse Side))

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer No. \_\_\_\_\_

District File Number 654-93

Date Filed JUN 4 1954

**NEOSHO, MISSOURI**

**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 Ray P. Adams  
Licensed Embalmer No. 497

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.