

FILED SEP 7 1954

STANDARD CERTIFICATE OF DEATH

26694

State File No.

BIRTH NO.		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>4158</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>DALLAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>			
b. CITY OR TOWN <u>BUFFALO</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>		c. CITY OR TOWN <u>Buffalo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0300</u>			
3. NAME OF DECEASED (Type or Print) <u>JASPER ERNEST HALL</u>			a. (First) <u>JASPER</u>			b. (Middle) <u>ERNEST</u>	
c. (Last) <u>HALL</u>			4. DATE OF DEATH <u>8-29-1954</u>		Month <u>8</u> Day <u>29</u> Year <u>1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>6-25-1874</u>	
9. AGE (In years: last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Sebaston Mo</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Daniel Hale</u>			13b. MOTHER'S MAIDEN NAME <u>Marcella Zinn</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>John Hall</u> ADDRESS <u>Sebaston Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				?			
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 <u>4201</u>				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>8-19, 1954</u> to <u>8-29, 1954</u> , that I last saw the deceased alive on <u>8-29, 1954</u> and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>O.O. Jamison MD</u> (Degree or title)				23b. ADDRESS <u>Buffalo Mo</u>		23c. DATE SIGNED <u>9-1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-31-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hall</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/6/54</u>		REGISTRAR'S SIGNATURE <u>Mrs Grace Petter</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>B Jones</u> ADDRESS <u>Buffalo Mo</u>			

(Licensed to Sign on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *Herold B. Jones*

Licensed Embalmer No. *250*

P. O. Address *Buffalo*

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.