

FILED OCT 19 1954

STANDARD CERTIFICATE OF DEATH

State File No. **34369**
 BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Twin Groves T		c. LENGTH OF STAY (in this place) OR CITY (If outside corporate limits, write RURAL and give township) OR TOWN 15 Yrs Rural, Twin Groves Twshp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile West Carl Junction, Mo.		d. STREET ADDRESS (If rural, give location) 1 Mile West Carl Junction, Mo.	

3. NAME OF DECEASED (Type or Print) IVAN HALL			4. DATE OF DEATH (Month) (Day) (Year) 10-13-1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-17-1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 6 Days 26	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Wm. Henry Hall	13b. MOTHER'S MAIDEN NAME Carolyn Larkin	14. NAME OF HUSBAND OR WIFE Jessie Hall, Carl Jct., Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 499-16-7860	
17. INFORMANT'S SIGNATURE OR NAME Jessie Hall		
ADDRESS Carl Jct., Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		_____ _____ _____
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Constrictive Pericarditis with effusion. DUE TO (c) Diabetes Mellitus		
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! 4201	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 9-1-1954, 1954, to 10-13, 1954, that I last saw the deceased alive on 10-13, 1954, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. E. Wickels</i>	(Degree or title) Carl Junction, Missouri	23c. DATE SIGNED 10-14-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Remove	24b. DATE 10-16-1954	24c. NAME OF CEMETERY OR CREMATORY Hartford Cemetery
24d. LOCATION (City, town, or county) (State) Hartford, Arkansas		25. FUNERAL DIRECTOR'S SIGNATURE <i>Don Jones</i>
DATE REC'D BY LOCAL REG. 10-14-54		ADDRESS Carl Jct., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

 No. 300
 10-48

County File Number 24-10-869
Date Filed OCT 18 1954

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Wichita, 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.