

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34881

State File No. ....

FILED OCT 20 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 122

1. PLACE OF DEATH  
a. COUNTY Pike  
b. CITY OR TOWN Louisiana  
c. LENGTH OF STAY (in this place) -  
d. FULL NAME OF HOSPITAL OR INSTITUTION none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo  
b. COUNTY Pike  
c. CITY OR TOWN Bowling Green  
d. STREET ADDRESS N. 15th St.

3. NAME OF DECEASED  
a. (First) OPAL b. (Middle) Cloudine c. (Last) Hall  
4. DATE OF DEATH (Month) (Day) (Year) Oct. 9 '54

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH Feb. 1, 1927 9. AGE (In years last birthday) 27 10. IF UNDER 1 YEAR (Months) 8 11. IF UNDER 10 HRS. (Hours) 8 12. IF UNDER 1 MIN. (Min.) 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office work 10b. KIND OF BUSINESS OR INDUSTRY Stark Nursery 11. BIRTHPLACE (State or foreign country) Pike Co. Mo 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Johnson Hall 13b. MOTHER'S MAIDEN NAME Elizabeth Lindsay 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 487-30-17 17. INFORMANT'S SIGNATURE OR NAME Johnson Hall ADDRESS Bowling Green

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Crownary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 10 Minutes  
\* 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  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Endocarditis  
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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) Bowling Green Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 10-1, 1954, to 10-9, 1954, that I last saw the deceased alive on 10-8, 1954, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE J. K. Mathews (Degree or title) \_\_\_\_\_ 23b. ADDRESS Bowling Green Mo 23c. DATE SIGNED 10-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-11-54 24c. NAME OF CEMETERY OR CREMATORY Bowling Green 24d. LOCATION (City, town, or county) (State) Bowling Green Mo

DATE REC'D BY LOCAL REG. Oct 15-1954 REGISTRAR'S SIGNATURE Bernice Collier 3754-11 25. FUNERAL DIRECTOR'S SIGNATURE J. C. Mudd ADDRESS Bowling Green Mo  
(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*James C. Mudd*

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.