No. 300
10-48

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40167

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1316

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): abt. 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 108-1/2 South 3rd

0119 0

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): MAUDE
c. (Last): HALL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16 1954

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 2
8. DATE OF BIRTH: Dec. 5, 1888
9. AGE (In years last birthday): 66 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe Employee
10b. KIND OF BUSINESS OR INDUSTRY: Resturant
11. BIRTHPLACE (City and State or Foreign Country): Buchanan County Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Noah R. Dunbar
13b. MOTHER'S MAIDEN NAME: Carry Williams
14. NAME OF HUSBAND OR WIFE: Dale Hall (Divorced)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500-07-5995-A
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Thelma Kerns
ADDRESS: St. Joseph, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Pulmonary Tuberculosis — unknown
DUE TO (c) 002 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Diabetes — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Woman collapsed with an acute pulmonary hemorrhage. D.O.A. Hospital
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)
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~~ viewed the deceased from* On 12/16, 1954, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H F Mundy (Coroner) M D
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 12/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 18th, 1954
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph Missouri

DATE REC'D BY LOCAL REG.: Dec 20, 1954
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE: Stamey Funeral Home
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Roy Sta

Licensed Embalmer No. 2 4 3

P. O. Address St. Jose

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