

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5126** Registrar's No. **59**

1. PLACE OF DEATH
a. COUNTY **Buchanan**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Crawford Twp.**
c. LENGTH OF STAY (in this place) **5 yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Faucett, Route 1**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Buchanan**
c. CITY OR TOWN **Faucett (Rural)**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **Route 1** **0110**

3. NAME OF DECEASED
a. (First) **LIBBIE** b. (Middle) **ANN** c. (Last) **HALL**

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 15, 1955

5. SEX **Female** **6. COLOR OR RACE** **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **Jan. 9, 1869**

9. AGE (In years last birthday) **86** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Own home**

11. BIRTHPLACE (City and State or Foreign Country) **Thurman Iowa**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Amos Crandal**

13b. MOTHER'S MAIDEN NAME **Mary Brown**

14. NAME OF HUSBAND OR WIFE **C. J. Hall**

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. **none**

17. INFORMANT'S SIGNATURE OR NAME **Ethel C. Piper, Faucett, Mo.** **ADDRESS**

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Thrombosis**
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Cerebral Arteriosclerosis**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 WKS
3yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO **332X**

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 the deceased from **Jan 8, 1955**, to **Jan 8, 1955**, that I last saw the deceased alive on **Jan 8, 1955**, and that death occurred at **9:00p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Sharon E. Wagner M.D.**

23b. ADDRESS **301 Illinois St. Joseph Mo**

23c. DATE SIGNED **Jan 17-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **Jan 19, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Farragut Cemetery**

24d. LOCATION (City, town, or county) (State) **Farragut, Iowa**

DATE REC'D BY LOCAL REG. **Jan 21, 1955**

REGISTRAR'S SIGNATURE **Cather M. Allison** **435-**

25. FUNERAL DIRECTOR'S SIGNATURE **Earl A. Clark** **ADDRESS** **Clark Funeral Home St. Joseph, Mo.**

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Earl A. Clark*

Licensed Embalmer No. *420*

P. O. Address *St. Joseph*

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.