

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1637**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4284** Registrar's No. **99**

1. PLACE OF DEATH a. COUNTY <b>LEWIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LEWIS</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>RURAL LA BELLE</b> township)		c. CITY OR TOWN <b>LEWISTOWN</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>XXXXX</b>		e. STREET ADDRESS (If rural, give location) <b>XXXXXXXXXXXXXXXXXXXX 0560</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 miles No. West Lewistown</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>SARAH</b> b. (Middle) <b>BELLE</b> c. (Last) <b>HALL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 11, 1955</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>2/1/1868</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Days <b>11</b> IF UNDER 24 HRS. Hours <b>10</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXXXXXXXXXXXX</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>EWING, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>BALDWIN PARSONS</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH CLOW</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM HALL</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. HOMER RUNYON</b> ADDRESS <b>Lewistown, Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial infarction</b>		
	* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Emotion</b> DUE TO (c) <b>senility</b>		
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 <b>794X</b>	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) (Min.)	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 **Sept 19 1954 to Dec 11 1954**, that I last saw the deceased alive on **June 11, 1954**, and that death occurred at **7 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. L. Carter MD</b> (Degree or title)	23b. ADDRESS <b>La Belle 0110</b>	23c. DATE SIGNED <b>Jan 12 1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1/14/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LYNVALE</b>
24d. LOCATION (City, town, or county) (State) <b>EDINA, MISSOURI</b>		

DATE REC'D BY LOCAL REG. <b>1-13-55</b>	REGISTRAR'S SIGNATURE <b>P. W. Jennings, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles G. Arnold, Jr.</b> ADDRESS <b>Lewistown, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....  
*Charles L. Arnold*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, M.

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.