

FILED JAN 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 3687

BIRTH NO. REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6214 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clear Creek Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walker</u> 1080	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>Clear Creek township 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>D</u> c. (Last) <u>HALLAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14 1955</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>Oct. 9, 1877</u>	9. AGE (In years last birthday) <u>77 yrs.</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Prairie City, Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Matthew Hallam</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Carr</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Mae Hallam</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Hallam R. F. D. Walker, Mo.</u>	ADDRESS
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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  <u>6 days</u>  <u>1 yr +</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bulbar paralysis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) <u>Arterio sclerosis</u>		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>332 X</u>
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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?
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22. I hereby certify that I attended the deceased from Jan 7, 1955, to Jan 14, 1955, that I last saw the deceased alive on Jan 10, 1955, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. Sunderworth D.D.</u>	23b. ADDRESS <u>El Dorado Spg</u>	23c. DATE SIGNED <u>1-14-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 16, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lefler Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rural, Warwood Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 15-55</u>	REGISTRAR'S SIGNATURE <u>Bliss B. Daily 463</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis &amp; Son</u>	ADDRESS <u>Schell City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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CL 285  
FEB 24 1955

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

*John G. Lewis*

Licensed Embalmer No.

*4774*

P. O. Address

*Schell City*

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.