

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 3 1955

BIRTH NO. .... REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. .... 3

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Hudrain</u>	
b. CITY OR TOWN <u>Centralia, Mo</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Ladonia, Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hulen Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>0040</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>	b. (Middle) <u>Whittaker</u>	c. (Last) <u>HALL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 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>Married</u>	8. DATE OF BIRTH <u>April 20, 1872</u>	9. AGE (In years last birthday) <u>82</u> Months <u>10</u> Days <u>1</u>	IF UNDER 1 YEAR Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wellsville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>-</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Pollard</u>	14. NAME OF HUSBAND OR WIFE <u>Edna (Smith) Hall</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. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Hall</u> ADDRESS <u>Ladonia, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIOVASCULAR DECOMPENSATION</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>old Age</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <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)
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 JUNE, 1952, to FEB 21, 1955, that I last saw the deceased alive on FEB 20, 1955, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William W. June, D.O.</u>	23b. ADDRESS <u>Ladonia, Mo</u>	23c. DATE SIGNED <u>Feb 22 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 23, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vandalia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 27-1955</u>	REGISTRAR'S SIGNATURE <u>Maud</u>	30	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Bride Wilbur H. Biehoff</u> ADDRESS <u>Ladonia, Mo</u>
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(Licensed Embellisher's Statement on Reverse Side)

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

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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 *Clyde C. Gilbey*  
Licensed Embalmer No. *352*  
P. O. Address *Perry*

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.