

FILED APR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7665

270

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

BIRTH NO. _____		REG. DIST. NO. <u>83</u>		PRIMARY REG. DIST. NO. <u>4145</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>COOPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>			
b. CITY OR TOWN <u>PRairie Home Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>PRairie Home Mo.</u>		0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRairie Home Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>PRairie Home Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>FLOZA</u>		a. (First) <u>TILDEN</u>		b. (Middle) <u>HALL</u>		c. (Last)	
4. DATE OF DEATH <u>APRIL 4 - 1955</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Nov-12-1876</u>		9. AGE (in years) <u>78</u>		10. MONTHS <u>4</u>		11. DAYS <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
13a. FATHER'S NAME <u>PHOENIX HEDGPETH</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE HALL</u>		14. NAME OF HUSBAND OR WIFE <u>MORTYSON HALL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edith N. Bodamer</u> 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) <u>Cerebral Hemorrhage</u> with terminal Hypostatic Pneumonia Generalized and Cerebral Arteriosclerosis DUE TO (b) _____ 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 <u>2 days</u> <u>1 + years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION. <u>331 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Prairie Home Cooper Mo</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>1-9</u> , 19 <u>55</u> , to <u>4-3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-3</u> , 19 <u>55</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. S. Fulke M.D.</u> (Degree or title)				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>4-4-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 6 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BOONVILLE MO</u>	
DATE REC'D BY LOCAL REG <u>April 6-1955</u>		REGISTRAR'S SIGNATURE <u>O. T. Meredith</u>		442		25. FUNERAL DIRECTOR'S SIGNATURE <u>of Albert Hornbeck Prairie Home</u> ADDRESS _____	

mo.

APR 18 1953

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 \_\_\_\_\_  
Student Embalmer

Signed E. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home

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.