

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **9109**  
Registrar's No. **33**

FILED MAR 16 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>PIKE</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution a residence before admission) a. STATE <b>MO</b> b. COUNTY <b>PIKE</b>	
b. CITY OR TOWN <b>Louisiana</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Bowling Green</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>		e. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>LELIE SYLVESTER HALL</b>	a. (First)	b. (Middle)	c. (Last)	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MAR 4 - 1955</b>
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<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>NOV 11 1890</b>	<b>9. AGE</b> (In years last birthday) <b>64</b> Months <b>3</b> Days <b>15</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farming</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Kimberly Co. Mo</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>MO</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>S. B. HALL</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louisa Gibson</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>ADA CASH HALL</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs Leshie Hall</b>	<b>ADDRESS</b> <b>Bowling Green MO</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 hrs</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Uremia</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Arteriosclerotic Hypertensive Cardiovascular Disease</b> <b>DUE TO (c) Vascular Renal Disease</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4/2X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 2-13, 1955 to 3-4, 1955, that I last saw the deceased alive on 3-3, 1955, and that death occurred at 1:40 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Chas. B. Lemley M.D.</b>	<b>23b. ADDRESS</b> <b>Louisiana, Mo.</b>	<b>23c. DATE SIGNED</b> <b>3-8-55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Mar 6 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bowling Green MO</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Bowling Green MO</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>3/8/55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Bernice Callender</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Grace Bankhead</b>	<b>ADDRESS</b> <b>Bowling Green</b>
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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..... *Harold C. King*

Licensed Embalmer No. *45*

P. O. Address *Bonning*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.