

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12854

4407

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 302		Registrar's No. 129			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN LaMonte		c. LENGTH OF STAY (In this place) 8 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte		0800			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) Ellis			b. (Middle) Rhea		c. (Last) Hall		4. DATE OF DEATH (Month) (Day) (Year) 4 25 1955		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-8-1901		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic			10b. KIND OF BUSINESS OR INDUSTRY Auto. Body Repair			11. BIRTHPLACE (State or foreign country) Smithton Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Hall			13b. MOTHER'S MAIDEN NAME Dora Hotenspiller			14. NAME OF HUSBAND OR WIFE Hannah Hall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 49-36-9447		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hannah Hall LaMonte Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 30 hours	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. _____									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) LaMonte, Pettis Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from April 24, 1955, to April 25, 1955, that I last saw the deceased alive on April 25, 1955, and that death occurred at 1:45 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS Knob Noster, Mo			23c. DATE SIGNED April 27, 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-27-55		24c. NAME OF CEMETERY OR CREMATORY LaMonte		24d. LOCATION (City, town, or county) (State) LaMonte Mo.			
DATE REC'D BY LOCAL REG. 4-30-55		REGISTRAR'S SIGNATURE Lavinia Coontz, Deputy 251-20			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Moore LaMonte Mo				

WRITE PLAINLY—USING UNFADING 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
Student Embalmer

Signed *Paul M. Moore*

Licensed Embalmer No. *3923*

P. O. Address *L. Monte Mo*

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.