

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15880

FILED JUN 1 1955

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before Admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lehanon</u>		c. LENGTH OF STAY (in this place) <u>15 days</u>	c. CITY OR TOWN <u>Lehanon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Phillis</u> b. (Middle) <u>William</u> c. (Last) <u>Hall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1955</u>	
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>Nov. 13, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Richard Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>74</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Lehanon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Hyde</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Hall</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>W W 1 492-10-6672A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Jenkins</u> ADDRESS <u>Lehanon, Mo.</u>
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>Multiple Cerebral Emboli</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> ANTECEDENT CAUSES DUE TO (b) <u>Thrombus rt leg</u> <u>3 wks.</u> Morbidity 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"/>		<u>466 X</u>	
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 <u>27 Apr, 1955</u> , to <u>20 May, 1955</u> , that I last saw the deceased alive on <u>20 May, 1955</u> and that death occurred at <u>11:40 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul Jenkins M.D.</u>		23b. ADDRESS <u>Lehanon Mo</u>	23c. DATE SIGNED <u>21 May 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5/22/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lehanon City</u>	24d. LOCATION (City, town, or county) (State) <u>Lehanon, Missouri</u>
DATE REC'D BY LOCAL REG. <u>5-22-1955</u>	REGISTRAR'S SIGNATURE <u>Hella L. Mayo</u>	424 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S.P. Palmer Lehanon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received 5-31-55
Laclede County Health Unit
File No. 83
Date Filed 5-31-55

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 Stanleigh R. Palm

Licensed Embalmer No. 481

P. O. Address Lebanon

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.