

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23052
185
Registrar's No.

0740

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

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 2856

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, write RURAL and give township) Rural Hopkins, Twp.
c. LENGTH OF STAY (in this place) 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance).
a. STATE Mo. b. COUNTY Nodaway
c. CITY (If outside corporate limits, write RURAL and give township) Rural Hopkins, Twp.
d. STREET ADDRESS (If rural, give location) 0740

3. NAME OF DECEASED
a. (First) Tennessee b. (Middle) Martha Ann c. (Last) Hall
4. DATE OF DEATH (Month) (Day) (Year) July 13, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Jan. 11, 1877 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Dallas, Texas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Tune 13b. MOTHER'S MAIDEN NAME Martha Unknown 14. NAME OF HUSBAND OR WIFE Cloud Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Hilsenbeck, Hopkins, Mo. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
ANTECEDENT CAUSES Coronary insufficiency DUE TO _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS 4201
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 NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6/2, 1955 to 7/13, 1955 that I last saw the deceased alive on 7/9, 1955 and that death occurred at 6:30a m., from the causes, and on the date stated above.

23a. SIGNATURE [Signature] (Degree or Title) _____ 23b. ADDRESS Hopkins 23c. DATE SIGNED 7/14/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-16-55 24c. NAME OF CEMETERY OR CREMATORY Hopkins 24d. LOCATION (City, town, or county) (State) Hopkins, Mo.

DATE REC'D BY LOCAL REG. 7 28 55 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Hopkins, Mo.

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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.