

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

**26829**

State File No. ....

**FILED SEP 13 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 69

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>LAWRENCE</u>	b. CITY (If outside corporate limits, write RURAL and give town) <u>Aurora</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>LAWRENCE</u>
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>131 W. Locust</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Hall</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Aug. 29 1955</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed 2</u>	<b>8. DATE OF BIRTH</b> <u>Nov 18-1868</u>	<b>9. AGE</b> (In years last birthday) <u>86</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, except if retired) <u>Lumber Business</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Newton County</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>H. D. Hall</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Julia Hall</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>DECEASED</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Frank C. Hall</u>	<b>ADDRESS</b> <u>Aurora, MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <u>Acute lead of pancreas</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 mo.</u>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	<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>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input 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>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** May, 1953, to Aug. 29, 1955, that I last saw the deceased alive on Aug. 29, 1955, and that death occurred at 6 p. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>McCullum</u>	(Degree or title)	<b>23b. ADDRESS</b> <u>M.D. 315 S. Madison Ave. Mo.</u>	<b>23c. DATE SIGNED</b> <u>Aug. 30 1955</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Aug. 31-1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Maple Park</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Aurora, MO.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>8-30-1955</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Oran Mc Natt</u>	<b>157</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Escar L. ...</u>	<b>ADDRESS</b> <u>Aurora, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

*[Handwritten signature]*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*[Handwritten signature]*

Licensed Embalmer No. ....

*3812*

P. O. Address

*[Handwritten address]*

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.