

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

AUG 28 1955

State File No. \_\_\_\_\_

126

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Vernon</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution/residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>H. C. 31st</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 yr</u>		e. STREET ADDRESS (If rural, give location) <u>1034 N. Bellefontaine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Anderson Nursing Home</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>Clarissa</u> c. (Last) <u>HALL</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>7-27-55</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>May 2, 1912</u>
<b>9. AGE</b> (In years last birthday) <u>43</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Howard City, Kansas</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>	

<b>13a. FATHER'S NAME</b> <u>O'Connor</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>McKay</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Gene Hall</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>unknown</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. O. R. Hall</u>	
		<b>ADDRESS</b> <u>Lamar, Mo.</u>	

<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, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>7/27/55</u>
	ANTECEDENT CAUSES DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced Age</u>		

<b>19a. DATE OF OPERATION</b> <u>none</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>none</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>none</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE)</b> <u>Nevada Vernon Mo</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>none</u>	<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> <u>No Injury</u>
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**22. I hereby certify that I attended the deceased from** June 19, 1955, to July 27, 1955, that I last saw the deceased alive on July 20, 1955 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>W. R. Perry M.D.</u>	<b>23b. ADDRESS</b> <u>Nevada Mo</u>	<b>23c. DATE SIGNED</b> <u>Aug 1-55</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>7-30-55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Elmwood</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Nevada City Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>8-16-55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Anna E. Ferry</u>	<b>51</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Fred H. Kater</u>	<b>ADDRESS</b> <u>Nevada, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

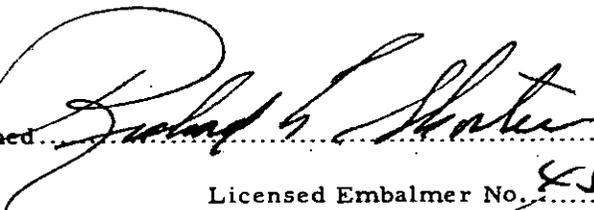
No. 300  
10-48

FILED AUG 19 1955

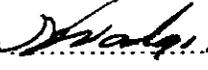
STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 45

P. O. Address 

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