

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29019**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1037**

1. PLACE OF DEATH a. COUNTY Bushawana		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Carrall	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY OR TOWN Bogard	
c. LENGTH OF STAY (in this place) 1 Mo. 5 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2		e. STREET ADDRESS (If rural, give location) 0170	

3. NAME OF DECEASED (Type or Print) a. (First) ABNER b. (Middle) G. c. (Last) HALL			4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 10-14-1869		9. AGE (In years last birthday) 85		10. IF UNDER 1 YEAR 11 Days IF UNDER 1 Mo. 9 Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY agriculture		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Graunville A. Hall		13b. MOTHER'S MAIDEN NAME Christina C. Decker	
14. NAME OF HUSBAND OR WIFE Martha J. Hall		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Martha J. Hall		18. ADDRESS Bogard, Missouri		19. MEDICAL CERTIFICATION	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility with dementia</u>		INTERVAL BETWEEN ONSET AND DEATH on admission	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
- ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arterio-sclerosis	
DUE TO (c) 4500			

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **8-18-**, 1955, to **9-22-**, 1955, that I last saw the deceased alive on **9-22-**, 1955, and that death occurred at **11:45 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harriet Thomas		23b. ADDRESS M.D. State Hospital No. 2, St. Joseph, Mo.		23c. DATE SIGNED 9-24-1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9/24/55		24c. NAME OF CEMETERY OR CREMATORY Bogard, Mo.	
24d. LOCATION (City, town, or county) (State) Bogard, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Heaton - Brown		ADDRESS St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. **Sept 28, 1955** REGISTRAR'S SIGNATURE **Robert M. Allison** 485

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Richard D. Collins*.....

Licensed Embalmer No. *4957*

3/9-10-11

P. O. Address *St. Joseph*.....

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.