

FILED OCT 8th 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29021

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1062

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BUCHANAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH		c. CITY OR TOWN ST. JOSEPH	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 88 YRS.		e. STREET ADDRESS (If rural, give location) 1011 HICKORY STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1011 HICKORY STREET			

3. NAME OF DECEASED (Type or Print) a. (First) LYDIA b. (Middle) MAY c. (Last) HALL			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 29, 1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 30, 1863	9. AGE (In years last birthday) 91	10. If UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPING		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) WISCONSIN	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME GEORGE W. RUSCO	13b. MOTHER'S MAIDEN NAME MARY ETTA SANDERS	14. NAME OF HUSBAND OR WIFE HENRY J. HALL
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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 MRS. ALTHEA CLAIBOURNE	ADDRESS 1011 HICKORY ST. JOSEPH, MO
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Cardio-Vascular Degenerative Diseases		INTERVAL BETWEEN ONSET AND DEATH unknown
	ANTECEDENT CAUSES DUE TO (b) 443x		
	DUE TO (c) Woman was a Christian Scientist and has not been under recent medical care.		
11. 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"/>

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)
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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?
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22. I hereby certify that I ^{viewed} the deceased from **9/29, 1955** to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. F. Mundy (Coroner) M.D.	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 9/29/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/30/1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	24d. LOCATION (City, town, or county) (State) S t. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Oct. 5, 1955	REGISTRAR'S SIGNATURE Loethen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman	ADDRESS St. Joseph Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *William Spalding*.....

Licensed Embalmer No. 453

P. O. Address 319510

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.