

FILED SEP 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30058**

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Higginsville</u>		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 <u>114 W. 17th St.</u>				e. STREET ADDRESS (If rural, give location) <u>114 W. 17th St.</u> :0540			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>HALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 7 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 16 1870</u>	
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>6</u>		11. DAYS <u>22</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agricultural</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Humphrey Hall</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda ?</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Pearl Lena Hall</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Pearl Lena Hall Higginsville Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis, generalised</u> DUE TO (c) <u>331X</u>			
II. 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 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 <u>Sept. 5, 1955</u> , to <u>Sept. 7, 1955</u> , that I last saw the deceased alive on <u>Sept 7, 1955</u> , and that death occurred at <u>2:45 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Oliver Nelson D.O. 2</u>				23b. ADDRESS <u>Higginsville Mo</u>		23c. DATE SIGNED <u>9/10/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 9 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Muncie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 14-55</u>		REGISTRAR'S SIGNATURE <u>Clayton St. Landrum</u> 154		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. L. Baker Higginsville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

p. 300  
p. 48

SEP 27 1960

JMS JAN 14 1960

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, ~~John~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Tom L. Thurman*.....

Licensed Embalmer No. *4563*..

P. O. Address *Richmond, Va.*

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.