

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32066

State File No.

FILED SEP 29 1955

No. 300
10.48

1130

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4546 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denver mo</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Denver mo</u>	
c. LENGTH OF STAY (In this place) <u>79</u>		d. STREET ADDRESS (If rural, give location) <u>1130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAFORD</u> b. (Middle) <u>ANCEL</u> c. (Last) <u>HALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11 1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 10 - 1878</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 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	11. BIRTHPLACE (City and State or Foreign Country) <u>mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Francis Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Savannah Lindley</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Hall</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nellie Hall</u> ADDRESS <u>Denver 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>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</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 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) (Min.)	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 9</u> , 1955, to <u>Sept 11</u> , 1955, that I last saw the deceased alive on <u>Sept 11</u> , 1955, and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles N. Williamson D.D.</u>		23b. ADDRESS <u>Denver mo</u>	23c. DATE SIGNED <u>Sept 17-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 12 - 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kent Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Denver mo</u>
DATE REC'D BY LOCAL REG. <u>Sept 20, 1955</u>	REGISTRAR'S SIGNATURE <u>John E. Lawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kenneth Prans</u>	ADDRESS <u>Denver mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

120

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 _____

John Andrews

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John Andrews

Licensed Embalmer No. *4211*

P. O. Address *Grant City Mo*

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.