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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32662**

FILED OCT 25 1955

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5347** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY DALLAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N. Bentott	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BUFFALO, MO		e. STREET ADDRESS (If rural, give location) BUFFALO, MO. 0200	

3. NAME OF DECEASED (Type or Print)	a. (First) Elmer	b. (Middle) John	c. (Last) HALL	4. DATE OF DEATH (Month) (Day) (Year) OCT. 14, 1955
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5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-3-1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR 4 Months 19 Days	IF UNDER 24 HRS. 1 Hour 19 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Weatherford Texas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mabel Hall
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or if unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mabel Hall	ADDRESS Buffalo, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas		12. INTERVAL BETWEEN ONSET AND DEATH ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 157X		
	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"/>
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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) (Min.)	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 attended the deceased from **Sept 1, 1955**, to **Oct. 14, 1955**, that I last saw the deceased alive on **10-13, 1955**, and that death occurred at **4 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.O. Dammann M.D.	23b. ADDRESS Buffalo MO	23c. DATE SIGNED 10-17-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-16-55	24c. NAME OF CEMETERY OR CREMATORY Reynolds Cem.	24d. LOCATION (City, town, or county) (State) Dallas County, MO
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DATE REC'D BY LOCAL REG. 10/22/55	REGISTRAR'S SIGNATURE Miss Ina Patricia Montgomery	25. FUNERAL DIRECTOR'S SIGNATURE Funeral Home	ADDRESS Buffalo, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 23 1954

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 *Lyle Montgomery*.....

Licensed Embalmer No. *359*.....

P. O. Address *Buffalo, N.Y.*.....

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.