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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32912

State File No.

FILED OCT 24 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5458 Registrar's No. 910

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|---|-----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Walnut Grove</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>Walnut Grove, Mo.</u> | | e. STREET ADDRESS (If rural, give location) <u>0340</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>E.</u> c. (Last) <u>HALL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 16-55</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Jan 28, 1864</u> | 9. AGE (In years last birthday) <u>91</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 12 HRS. Hours _____ Mins. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Greene Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
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| 13a. FATHER'S NAME <u>Robert Hall</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Wallace</u> | | 14. NAME OF HUSBAND OR WIFE <u>Julia Hall</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, and unknown) <u>No.</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Fred Hall</u> | | ADDRESS <u>Walnut Grove, Mo.</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per (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. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA (HYPOSTATIC)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARACRAL ACCIDENT</u> DUE TO (c) <u>HYPERTENSION - SENILE DEGENERATION</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ANEMIA</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u> <u>4 DAYS</u> |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 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 JAN 1, 1950, to OCT 15, 1955, that I last saw the deceased alive on OCT 12, 1955, and that death occurred at 4:00 PM, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. R. Davis D.O.</u> | 23b. ADDRESS <u>WALNUT GROVE MO</u> | 23c. DATE SIGNED <u>10/18/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-18-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Walnut Grove, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>10-20-55</u> | REGISTRAR'S SIGNATURE <u>Ernest W. Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim-Daniel</u> | ADDRESS <u>Walnut Grove - Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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 *Joseph L. Bonif*
.....

Licensed Embalmer No. *4790*

P. O. Address *San Jose*

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.