

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40204**

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1145

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield,</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>	c. CITY OR TOWN <u>Cassville</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Route 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u> b. (Middle) <u>W.</u> c. (Last) <u>Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 21, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 8, 1939</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cassville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Clyde E. Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Ermalee Purdue</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u> </u>	16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde E. Hall</u>	ADDRESS <u>Cassville, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Contusion and Brain stem damage and Pulmonary Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) <u>Cerebral Edema</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>12-14-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Tracheotomy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u> <u>005</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>

22. I hereby certify that I attended the deceased from 12-14, 1955, to 12-20, 1955, that I last saw the deceased alive on 12-20, 1955, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John C. Bang M.D.</u>	23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>	23c. DATE SIGNED <u>12-21-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cassville</u>
24d. LOCATION (City, town, or county) (State) <u>Cassville, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>12-23-55</u>	REGISTRAR'S SIGNATURE <u>Edith Wallman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Golden Funeral Home</u>	ADDRESS <u>Cassville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961
JAN 9

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 *Lewis G Schaefer*.....

Licensed Embalmer No. *380*.....

P. O. Address *Springfield*.....

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.