

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1998

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>17</u>				
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Hannibal</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 3005 St. Marys</u>				e. STREET ADDRESS (If rural, give location) <u>3005 St. Mary's</u>				<u>06490</u>		
3. NAME OF DECEASED (Type or Print) <u>EMMA VIOLA DORSEY HALL</u>			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>January 13, 1956</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		
8. DATE OF BIRTH <u>January 8, 1864</u>			9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Smith Dorsey</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Hardy</u>			14. NAME OF HUSBAND OR WIFE <u>Frank L. Hall (deceased)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. J. Kroelinger</u>					ADDRESS <u>Clear Water Florida</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 years</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) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>								
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>1-8, 1946</u> , to <u>Jan 13, 1956</u> that I last saw the deceased alive on <u>1-12, 1956</u> and that death occurred at <u>12:05 Am.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>[Signature]</u>				(Degree of title) <u>MD</u>		23b. ADDRESS <u>Hannibal</u>		23c. DATE SIGNED <u>1-13-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/14/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsfield Illinois</u>				
DATE REC'D BY LOCAL REG. <u>1-17-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			189-0		25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>			
							ADDRESS <u>Hannibal Missouri</u>			

(Licensed/Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 19 1956  
MARION CO. HEALTH DEPT.  
DATE FILED JAN 19 1956

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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 *H Crawford Smith*.....

Licensed Embalmer No..... 3814

P. O. Address .... Hannibal, Mis

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.