

M. Cain
FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2201

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hays</u>		c. CITY OR TOWN <u>Coatesville</u>	
c. LENGTH OF STAY (in this place) <u>1 wk</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>Monroe Memorial</u>		No. STREET ADDRESS (If rural, give location) <u>405 Grand</u> <u>0750</u>	

3. NAME OF DECEASED a. (First) <u>ANDREW</u> b. (Middle) <u>J.</u> c. (Last) <u>HALL</u>		4. DATE OF DEATH <u>Jan-13-1956</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>Dec-1-1896</u>
9. AGE (in years) <u>59</u> if UNDER 1 YEAR last birthday		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxider</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Coatesville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Ben Hall</u>	13b. MOTHER'S MARRIEN NAME <u>Mollie Wood</u>	14. NAME OF HUSBAND OR WIFE <u>Coro L. Hall Coatesville Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Coro L. Hall Coatesville 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old Myocarditis</u>		
DUE TO (c) <u>Cerebral Thrombosis</u>		1 year	
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 <u>4222</u>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fall</u>

22. I hereby certify that I attended the deceased from Nov 15, 1955 to Jan 13, 1956 that I last saw the deceased alive on Jan 13, 1956 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Cain</u> (Degree or title)	23b. ADDRESS <u>Coatesville Mo</u>	23c. DATE SIGNED <u>1/16/56</u>
24a. BURIAL - CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Peoples</u>
24d. LOCATION (City, town, or county) <u>Coatesville Mo</u>	DATE REC'D BY LOCAL REG. <u>1-19-56</u>	
REGISTRAR'S SIGNATURE <u>John H. Herman</u>		406
FURNERAL DIRECTOR'S SIGNATURE <u>Ed. C. ...</u>		ADDRESS <u>Coatesville Mo</u>

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

1-24-56

JAN 23 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Noel C. Dean*

Licensed Embalmer No. *394*
P. O. Address *Caruthersville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.