

FILED APR 16 1956

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>4038</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY OR TOWN <u>WARSAW</u>		c. LENGTH OF STAY (In this place) <u>23 days</u>		c. CITY OR TOWN <u>WARSAW</u>		d. 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 <u>LAKE SIDE Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>5 miles west</u> <u>0080</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLES EDWARD HALL</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Apr 7, 1956</u>		(Month)		(Day)		(Year)	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 24, 1883</u>	
9. AGE (In years) <u>72</u>		IF UNDER 1 YEAR last birthday Months <u>8</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u>13</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self Employed</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY HALL</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Hall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Hall Warsaw, Mo</u> ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u> ANTECEDENT CAUSES <u>Coronary Thrombosis with myocardial infarction & morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)	
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>Dec 15, 1955</u> , to <u>Apr 7, 1956</u> , that I last saw the deceased alive on <u>Apr 6, 1956</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Russell D. D.</u> (Degree or title)				23b. ADDRESS <u>Warsaw, Mo</u>		23c. DATE SIGNED <u>Apr 8, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 9 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cemetery Independence Jackson Co Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Apr 8 1956</u>		REGISTRAR'S SIGNATURE <u>John A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u> ADDRESS <u>Warsaw</u>			

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 *John A. Riser*

Licensed Embalmer No... *409*

P. O. Address *Waukegan*

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.