

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 9 - 1956

10088

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 4407 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaMonte</b>		c. CITY OR TOWN <b>LaMonte</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 yrs.</b>		STREET ADDRESS (If rural, give location) <b>0800</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lona</b> b. (Middle) <b>Clarence</b> c. (Last) <b>Hall</b>			4. DATE OF DEATH (Month) <b>3</b> (Day) <b>29</b> (Year) <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-31-1894</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Knobnoster Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Hall</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Maddox</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Hall</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-20-0010</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Hall</b> ADDRESS <b>LaMonte Mo.</b>	

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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary edema</b> ANTECEDENT CAUSES <b>Arricular fibrillation</b> 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 <b>Coronary vascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 years</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4331</b>		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) m.		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 Mar 29, 1956, to Mar 29, 1956, that I last saw the deceased alive on Mar 29, 1956 and that death occurred at 10:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul M. Moore</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Good Springs, Mo</b>		23c. DATE SIGNED <b>3-30-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rural</b>		24b. DATE <b>3-31-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Payne Cemetery</b>	
		24d. LOCATION (City, town, or county) <b>Knobnoster</b>		(State) <b>Mo.</b>	

DATE REC'D BY LOCAL REG. <b>3-31-56</b>		REGISTRAR'S SIGNATURE <b>Quinn Coyle</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul M. Moore de Montbrun</b> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

9001 07 1121

APR 18 1956

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 *Paul M. Moore*.....

Licensed Embalmer No. *39*

P. O. Address *La. Mon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.