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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

State File No. 19934

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 6291 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty-Rural
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): I.O.O.F. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN: Kearney
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 6000

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Reed
c. (Last): Hall

4. DATE OF DEATH (Month) (Day) (Year): June 9 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 15 1878
9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Clay Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John T. Hall
13b. MOTHER'S MAIDEN NAME: Mary A. Cravens
14. NAME OF HUSBAND OR WIFE: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mary Hall
ADDRESS: Kearney Mo

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) Coronary insufficiency c̄ occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 6 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Gangrene both lower extremities due to arteriosclerosis obliterans - left leg amputated — 8 wk

19a. DATE OF OPERATION: 20 April 56
19b. MAJOR FINDINGS OF OPERATION: Gangrene secondary to arteriosclerosis obliterans 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8 April, 1956, *to* 9 June, 1956, *that I last saw the deceased alive on* 9 June, 1956, *and that death occurred at* 8:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: M Waterman, MD
(Degree or title):
23b. ADDRESS: Liberty, Mo
23c. DATE SIGNED: 12 June 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 12 1956
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cem
24d. LOCATION (City, town, or county): Kearney (State): Mo.

DATE REC'D BY LOCAL REG.: 6-14-56
REGISTRAR'S SIGNATURE: Mabel Graham
25. FUNERAL DIRECTOR'S SIGNATURE: Leonard Fay
ADDRESS: Kearney

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 18 1956
CLAY CO.,
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. H. Nise

Licensed Embalmer No. 254

P. O. Address Smithville

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