

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21323**

FILED JUL 9 1956

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby		c. CITY OR TOWN Granby	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 West of Granby depot (Shoal Creek)			
e. STREET ADDRESS (If rural, give location) 073rd			

3. NAME OF DECEASED (Type or Print) a. (First) Eugene b. (Middle) Charles c. (Last) Hall			4. DATE OF DEATH (Month) (Day) (Year) 6-26-56			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) none	8. DATE OF BIRTH 5-25-1938	9. AGE (In years last birthday) 18	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) None		10b. KIND OF BUSINESS OR INDUSTRY Student		11. BIRTHPLACE (City and State or Foreign Country) Newton County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lonnie Hall	13b. MOTHER'S MAIDEN NAME Bernice Harpen	14. NAME OF HUSBAND OR WIFE None
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Mahala Cole	ADDRESS Neosho, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accidental drowning while swimming		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) swimming DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9298			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 42	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) Shoal Creek	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE Granby 073 Missouri
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-26-56 2:30^{pm}	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR swimming in swift water
---	---	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Corley Thompson	(Degree or title) Coroner	23b. ADDRESS Neosho Missouri	23c. DATE SIGNED 6/27/56
--	----------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-27-56	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Galena, Kansas
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. June 27 1956	REGISTRAR'S SIGNATURE M. E. Young	25. FUNERAL DIRECTOR'S SIGNATURE Thad E. Starnes	ADDRESS Granby, Missouri
---	---	--	------------------------------------

(License of Embalmer's Statement on Reverse Side)

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

25

RECEIVED

District Health Officer No. Newton
District File Number 756-104
Date Filed Jul 5 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 Floyd E. Shawmako d.
Licensed Embalmer No. 49
P. O. Address Box 58 Yonkers

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.