

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30137**

FILED OCT 1 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **#67** PRIMARY REG. DIST. NO. **5260** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <b>Mo.</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Rural, Oldfield Twp.</b>		c. LENGTH OF STAY (In this place) <b>60 Yrs.</b>	c. CITY OR TOWN <b>Rural, Oldfield Twp.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Co., Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>Rural, Oldfield Twp.</b>		0220	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Simon</b>	b. (Middle)	c. (Last) <b>Hall</b>	(Month) (Day) (Year) <b>Sept 12, 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Jan. 23, 1896</b>
9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</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>Nancey Caudle</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Maggie Holt, Oldfield, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis, antec. Myocardial Infarction.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>LAST ATTACK - Sudden - 1st Attack May 1956</b>
	ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes mellitus, moderate Cerebrovascular accident, Thrombosis</b>		
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 **14 Sept, 1955**, to **12 Sept, 1956**, that I last saw the deceased alive on **7 Sept, 1956**, and that death occurred at **9 A.M.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Royer M.D.</b>	(Degree or title)	23b. ADDRESS <b>W. Ozark, Mo</b>	23c. DATE SIGNED <b>17 Sept/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 17, 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Boston Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Christian Co. Missouri</b>

DATE REC'D BY LOCAL REG. <b>Sept. 2/56</b>	REGISTRAR'S SIGNATURE <b>Nannie Day</b>	25. FURNERAL DIRECTOR'S SIGNATURE ADDRESS <b>T. B. Chaffin Ozark Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *T. B. Chaffin*.....

Licensed Embalmer No. *2192*.....

P. O. Address *Ozark, 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.