

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 31571

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <i>Peru</i>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Peru</i>	
b. CITY OR TOWN <i>Caruthersville</i>		c. CITY OR TOWN <i>Caruthersville</i>	
c. LENGTH OF STAY (If this place) <i>26 yrs</i>		d. In 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			
e. STREET ADDRESS (If rural, give location) <i>Road 7 310 E 4th St</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>NELLIE</i> b. (Middle) <i>HALL</i> c. (Last) <i>HALL</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept-16-1956</i>		
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	
8. DATE OF BIRTH <i>July-18-1906</i>		9. AGE (In years last birthday) <i>50</i>		10. MONTHS <i>2</i> YEARS <i>2</i> HOURS <i>2</i> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home wife</i>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <i>Lula, Mississippi</i>			12. COUNTRY OF WHAT COUNTRY? <i>U.S.A.</i>		

13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Burt Lee Smith</i>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> 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.			

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) <i>331x</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>No foul play</i>	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John H. Geman, Coroner 2</i>		23b. ADDRESS <i>Hwy 2 Mo</i>		23c. DATE SIGNED <i>9-17-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Sept. 19-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Morgan Bridge</i>	
24d. LOCATION (City, town, or county) (State) <i>Caruthersville Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Noel C. Dean</i>			
DATE REC'D BY LOCAL REG. <i>Sept 24, 1956</i>		REGISTRAR'S SIGNATURE <i>Dessie B. Walker</i>		ADDRESS <i>Caruthersville Mo</i>	

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

2470

9-252-56

SEP 28 1956

SEP 28 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Noel C. Dean*

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville 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.