

FILED JAN 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44675**

BIRTH NO.		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>5542</u>		Registrar's No. <u>129</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bonne Femme</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>		c. CITY OR TOWN <u>Harrisburg</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. #5</u>				e. STREET ADDRESS (If rural, give location) <u>R. R. #5</u> <u>0480</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>			b. (Middle) <u>---</u>		c. (Last) <u>Hall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never married</u>	8. DATE OF BIRTH <u>Dec. 22, 1890</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>4</u>	IF UNDER 24 HRS. Hour <u>---</u> Min. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>LeMaster Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Ivie Harrisburg, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <u>Fayette</u>			
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?			
I hereby certify that I attended the deceased from <u>12-26, 1956</u> , to <u>12-27, 1956</u> , that I last saw the deceased <u>at home</u> on <u>12-27, 1956</u> , and that death occurred at <u>9</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Bloom M.D. Chief Fayette Mo</u> (Degree or title)				23b. ADDRESS		23c. DATE SIGNED <u>12-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/27/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-28-56</u>		REGISTRAR'S SIGNATURE <u>Mary K. Sheel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter W. Carr</u>		ADDRESS <u>Fayette, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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, ~~at~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *334*

P. O. Address *Jayette*

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.