FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8439

Registration District No. 137 Primary Registration District No. 30-23 Registrar's No. 439

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton — Inside Limits: Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Clinton General — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Clinton 042 — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 208 E. College — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First: Van Middle: Buren Last: Hall

4. DATE OF DEATH: Month: 4 Day: 8 Year: 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ✓ **NEVER MARRIED** ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11-14-1869

9. AGE (In years last birthday): 87 — 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): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Monitcau Co Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William W Hall

14. MOTHER'S MAIDEN NAME: Nancy McDaniel

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.: 499-16-0051

17. INFORMANT Address: Alice Hall Clinton Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARCINOMA PROSTATE — INTERVAL BETWEEN ONSET AND DEATH: 1 YR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 177X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓ 1

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour: a. m. / p. m. Month, Day, Year:

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 1957, to 4-8-57 and last saw her/him alive on 4-8-57
Death occurred at 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh B. Walker, MD

22b. ADDRESS: Clinton, Mo

22c. DATE SIGNED: 4-10-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-10-1957

23c. NAME OF CEMETERY OR CREMATORY: Englewood cem

23d. LOCATION (City, town, or county) (State): Clinton Mo

24. FUNERAL DIRECTOR ADDRESS: Sickman-Dunning Clinton Mo

25. DATE RECD. BY LOCAL REG.: 4-11-57

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only Standard Nomenclature from No. 10 Revision of International Lists of Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 18 '38

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Robert L Dunn

Licensed Embalmer No. 4..

P. O. Address Clinton

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