

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **12101**  
443

FILED MAY 14 1957

Registration District No. **128** Primary Registration District No. **2000** Registrar's No. **443**

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1918 W. Lee</b>		d. STREET ADDRESS (If outside, give location) <b>1918 W. Lee</b>	
Length of stay in lb <b>40 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>OTTO</b> Middle <b>WENDELL</b> Last <b>HALL</b>			4. DATE OF DEATH Month <b>May</b> Day <b>8</b> Year <b>1957</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 14, 1880</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b>7</b> Min. <b>7</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Oto, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Hall</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Parmer</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>489-32-6471</b>	17. INFORMANT Address <b>Mrs. Avis Hood 1101 N. Main</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>GUN SHOT WOUND IN HEAD</b>		INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>HELD 12 GURGE SINGLE BETWEEN LEGS AND SHOT INTO HEAD THROUGH BOTH EYES &amp; FOREHEAD</b>
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20c. TIME OF DEATH <b>ABOUT DRY 4:00 AM</b> (Hour <b>4:00</b> Month <b>May</b> Day <b>8</b> Year <b>1957</b> )	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>BACK YARD OF HOME</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>SPRINGFIELD, GREENE, MISSOURI</b>
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21. I attended the deceased from Death occurred at <b>ABOUT 4:00</b> to <b>May 8, 1957</b> and last saw her alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Ralph Thieme</b> (Name of Signer) County <b>3</b>	22b. ADDRESS <b>Springfield, Missouri</b>	22c. DATE SIGNED <b>9 May 1957</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 10, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Ralph Thieme Springfield, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-13-57</b>	26. REGISTRAR'S SIGNATURE <b>Earl Williamson</b>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 13 1957

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 *J. E. Mason* .....

Licensed Embalmer No. 4568  
P. O. Address Springfield, 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.