

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13694

State File No.

FILED APR 16 1957

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>5590</u>		Registrar's No. <u>28</u>					
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFF</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>DITTMER</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>De Soto, Mo</u>		d. Is 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 (If not in hospital or institution, give street address or location) <u>Rural Route Big River Twn.</u>				e. STREET ADDRESS (If rural, give location) <u>701 N. 5th St 0500</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>		b. (Middle) <u>J.</u>		c. (Last) <u>HALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 6 1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>MAY 15, 1887</u>					
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Timber</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>REYNOLDS County Mo.</u>					
11. BIRTHPLACE (City and State or Foreign Country) <u>REYNOLDS County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jim Hall</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>					
14. NAME OF WIDOWED OR WIFE <u>SARAH HALL</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-28-5280</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HENRY HALL</u> ADDRESS <u>701 N. 5th De Soto, Mo</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION							
<p>i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound to Head.</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>ii. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH							
				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT-SUICIDE HOMICIDE (Specify) <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm.</u>		21c. (CITY-TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Big River Jeff. Mo</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/6/57 7:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Inquest. Held - Homicide</u>							
22. I hereby certify that I attended the deceased from <u>Inquest</u> , 19 <u>57</u> , to <u>4/8/57</u> , 19 <u>57</u> , that I last saw the deceased alive on _____, 19 <u>57</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>James E. Schmidt, Coroner</u>				23b. ADDRESS <u>De Soto Mo</u>		23c. DATE SIGNED <u>4/9/57</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/9/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN PARK</u>		24d. LOCATION (City, town, or county) (State) <u>De Soto Mo</u>					
DATE REC'D BY LOCAL REG. <u>4-10-57</u>		REGISTRAR'S SIGNATURE <u>Oleta Durbin, Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MAHN Funeral Home</u> ADDRESS <u>De Soto, Mo</u>							

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 18 1957

APR 12 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 *Samuel J. Mahr*

Licensed Embalmer No. *432*

P. O. Address *Hillsboro, 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.