

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23914**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 5288 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gashland</u>		c. CITY OR TOWN <u>Gashland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>15 Yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>	b. (Middle)	c. (Last) <u>Hall</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1957</u>
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5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 7, 1877</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>14</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Linn County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Kirby</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Turner</u>	14. NAME OF HUSBAND OR WIFE <u>Allan Hall</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. A. Runyan Gashland, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		<u>5 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>4201F</u>		<u>15 yrs plus</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recent <del>left</del> Right Femur Fracture</u>			

19a. DATE OF OPERATION <u>6-11-57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture of right femoral neck</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Fell at Home</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gashland Clay Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June-7-1957 7:00 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell at home</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1957, to July 24, 1957, that I last saw the deceased alive on July 19, 1957, and that death occurred at 1:00 am., from the causes and on the date stated above.

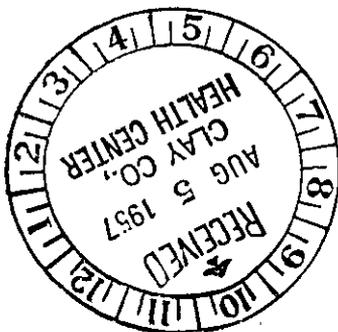
23a. SIGNATURE (Degree or title) <u>Donald E. Kuernig M.D.</u>	23b. ADDRESS <u>Gashland, Missouri</u>	23c. DATE SIGNED <u>7-24-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-26-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parson Creek Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lynn County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-27-57</u>	REGISTRAR'S SIGNATURE <u>Marquette Judson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McComas Funeral Home Smithville, Mo.</u>
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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, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Donald W. Hanks* .....

Licensed Embalmer No. *1452* .....

P. O. Address *Smithville, Va.* .....

**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.**