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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31390
STATE FILE NUMBER

FILED OCT 7 1957

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 111 E.3rd. St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Gentry
c. CITY OR TOWN Stanberry — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 111 E.3rd. St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Rosa Middle Ellen Last Hall
4. DATE OF DEATH: Month 9 Day 29 Year 1957
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3-15-1872
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 6 Days 14 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House wife
11. BIRTHPLACE (City and state or country): Taney County, Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: James Dunlap
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Whitby Foster Hall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Owen VanVactor, Stanberry, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis — yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteri-Sclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility 4221
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 1950, to Sept 29-57 and last saw her/him alive on Sept 29-1957
Death occurred at 4:30 P.M. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE R. J. Milligan (Degree or title) MD
22b. ADDRESS Stanberry Mo
22c. DATE SIGNED 9-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 2, 1957
23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn
23d. LOCATION (City, town, or county) St. Joseph (State) Mo.

24. FUNERAL DIRECTOR Lyon F. Phillips ADDRESS Stanberry, Mo.
25. DATE RECD. BY LOCAL REG. Oct-2-1957
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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OCT 9 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 Laton F. Phell

Licensed Embalmer No. 1898

P. O. Address Stonben

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.