

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009281
STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, give name of institution) a. STATE <u>Missouri</u> b. COUNTY <u>Calloway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hartshorn</u> 1078 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Charles E. Still Osteopathic</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ray</u> Middle <u>H</u> Last <u>Hall</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>28</u> Year <u>1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 29 1887</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer farm</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Month <u>4</u> Day <u>29</u> IF UNDER 24 HRS. Hours <u>4</u> Min. <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer farm</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>IOWA 1</u>
13. FATHER'S NAME <u>MOSLEY HALL</u>		14. MOTHER'S MAIDEN NAME <u>SARAH NUGENT</u>	
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 <u>Mrs Goldie Hall Hartshorn Mo</u> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Decompensated Cor Pulmonale</u> DUE TO (b) <u>Post operative pneumonia</u> DUE TO (c) <u>Gastrojejunostomy 5400</u>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Pyloric ulcer c pyloric obstruction</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>11:03</u> Month <u>2/21</u> Day <u>1958</u> p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>2/21/58</u> to <u>2/28/58</u> and last saw her alive on <u>2/28/58</u> Death occurred at <u>11:03</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>R. U. Michael D.O.</u>	22b. ADDRESS <u>Jefferson City</u>	22c. DATE SIGNED <u>2/28/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/3/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>
23d. FUNERAL DIRECTOR <u>Sylvester Beck</u>	23e. ADDRESS <u>J.C. Mo</u>	23f. LOCATION (City, town, or county) (State) <u>Hartshorn Mo.</u>
24. FUNERAL DIRECTOR <u>Sylvester Beck</u>	25. DATE RECD. BY LOCAL REG. <u>8 March 1958</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris, MD-MR.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Sebastian Della*.....
Licensed Embalmer No. 4

P. O. Address *Jefferson*.....

*Embalmed for
Joseph Benson Fredson
Josephson Viro No.*

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.