THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031677
STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Lamar — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hosp. — Length of stay in 1b: 1 week

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

3. NAME OF DECEASED (Type or print): First: Nora — Middle: L. — Last: Hall

4. DATE OF DEATH: Month Oct. Day 1 Year 58

5. SEX: Female

6. COLOR OR RACE: W

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: April 11 1878

9. AGE (In years on last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Dublin Texas

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Bennett Utterback

13b. MOTHER'S MAIDEN NAME: Martha Weir

14. NAME OF HUSBAND OR WIFE: Willis 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: Willis Hall — Address: Milford Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Terminal Pneumonia — 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis — 10 days
DUE TO (c): Arteriosclerosis 332X — Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 7-7-58, to 10-1-58 and last saw her/him alive on 10-1-58
Death occurred at 12:19 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herbert M. Arnold M.D.
22b. ADDRESS: Lamar Mo
22c. DATE SIGNED: 10-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 4 58
23c. NAME OF CEMETERY OR CREMATORY: Hall cemetery
23d. LOCATION (City, town, or county) (State): Cedar Co Mo

24. FUNERAL DIRECTOR: Beeny Funeral Home — **ADDRESS**: Sheldon Mo
25. DATE RECD. BY LOCAL REG.: OCT 3 - '58
26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

VS MAR - 9 196
OCT 28 1958

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 L. Grace Berry

Licensed Embalmer No. 4203

P. O. Address Sheldon Me

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.