

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036940  
State File No. ....

FILED OCT 20 1958

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Edina</u>		c. LENGTH OF STAY (In this place) <u>5 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - 2 mi E. of Plevna</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GIBSON HOSPITAL &amp; CLINIC</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>IRA</u>		b. (Middle) <u>ERNEST</u>		c. (Last) <u>HALL</u>	
4. DATE OF DEATH		(Month) <u>Oct</u>		(Day) <u>11</u>		(Year) <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec 14, 1875</u>		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lewis County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Wm. G. Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Attie Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Allie Cornelius</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'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ira Ernest Hall Plevna, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis Due to Respiration Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Basilar Cerebral Thrombosis</u>					
		DUE TO (c) <u>Arteriosclerosis</u>					
		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 7, 1958</u> , to <u>Oct. 11, 1958</u> , that I last saw the deceased alive on <u>Oct. 11, 1958</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>E. H. Gibson, D.D.</u>				23b. ADDRESS <u>Edina Mo.</u>		23c. DATE SIGNED <u>10-14-58</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>13 Oct '58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knox County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 16-58</u>		REGISTRAR'S SIGNATURE <u>Helle A. Hanolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Rimmer Edina, Mo</u>			

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

1510

**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 .....

Student Embalmer

Signed \_\_\_\_\_

*A. H. Rimmer*

Licensed Embalmer No. 5041

P. O. Address Edine, 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 this body is not embalmed, fact should be so stated above.