

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040533

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 169 Primary Registration District No. 6623 Registrar's No. 59

Health,  
Welfare  
Public  
Service

300  
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Salt River Twp</u> TOWN		c. CITY OR TOWN <u>La Plata</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 Mi E of La P.</u>		d. STREET ADDRESS (If outside, give location) <u>1 Week</u>	
3. NAME OF DECEASED (Type or print) First <u>NORA</u> Middle <u>MARCELLA</u> Last <u>HALL</u>		4. DATE OF DEATH <u>Dec 1, 1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 21, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Knox Co., Mo.</u>	
13. FATHER'S NAME <u>John L. Fugate</u>		14. MOTHER'S MAIDEN NAME <u>Virginia Smith</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>	
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>C Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>			
DUE TO (c) <u>Myocardial Insufficiency</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Generalized Atherosclerosis - 4201</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 _____ a. m. _____ 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>Jan 11-1958</u> to <u>Dec 1 1958</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>Dec 1-1958</u> Death occurred at <u>11-15 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>O. L. Woodward Sr</u> (Degree or title)		22b. ADDRESS <u>Atlanta Mo</u>	
22c. DATE SIGNED <u>12-4-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 4, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Macon Co. Missouri</u>	
24. FUNERAL DIRECTOR <u>Wilson Funeral Home, La Plata, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec-10-1958</u>	
		26. REGISTRAR'S SIGNATURE <u>Nell S. Hamelt</u>	

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 *Kenneth M. Wilson*.....

Licensed Embalmer No. .... 47

P. O. Address ..... La Plata

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.