

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041021

STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. James</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps Co. Memorial Hosp</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>516 W. Helen</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>OLIVER DANIEL HALL</u>			4. DATE OF DEATH Month <u>November</u> Day <u>16</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>April 2, 1907</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Month <u>7</u> Days <u>14</u> IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building Contractor Building</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. James, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John Hall</u>			14. MOTHER'S MAIDEN NAME <u>Anna Stanley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish Am.</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Anna Hall, 516 Helen St. James, Mo.</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>acute Coronary Arteriosclerosis</u> DUE TO (b) <u>arteriosclerosis Heart Disease</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>4200</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
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>  </u> Month, Day, Year a. m. <u>  </u> p. m. <u>  </u>		20d. INJURY OCCURRED WHILE AT <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		CITY <u>  </u> STATE <u>  </u>	
21. I attended the deceased from <u>Feb 1958</u> to <u>Nov 16, 1958</u> and last saw <u>him</u> alive on <u>11/16/58</u> Death occurred at <u>11:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>James D. Booth M.D.</u>			22b. ADDRESS <u>Rolla, Missouri</u>		22c. DATE SIGNED <u>11/19/58</u>
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>	23b. DATE <u>Nov 19, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. James, Missouri</u>	
24. FUNERAL DIRECTOR <u>Gene Baker - St. James, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 19, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms written on this certificate must be typed in black ink or ribbon type on a separate sheet of paper.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 15 1959

County File Number  
Date Filed  
MAY 25 1959

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 *C. Jesse Gahr*

Licensed Embalmer No. *44*

P. O. Address *H. Jan*

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.