

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043432

STATE FILE NUMBER

FILED DEC 29 1958		Registration District No. <u>47</u>		Primary Registration District No. <u>3008</u>		Registrar's No. <u>279</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Fulton</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>Home</u>		Length of stay in lb <u>38 Yrs.</u>		d. STREET ADDRESS <u>913 Bluff St.</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>J.</u> Middle <u>Ereckson</u> Last <u>Hall</u>				4. DATE OF DEATH Month <u>Dec.</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>Sept, 14, 1863</u>	
9. AGE (In years last birthday) <u>95</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u> Hours <u>10</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>10</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Steam Laundry Owner & Op.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry Owner & Op.</u>		11. BIRTHPLACE (City and state or country) <u>Halmstad Sweden</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>E. Ereckson Hall</u>				14. MOTHER'S MAIDEN NAME <u>Anna ?</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Myrtle Smith</u>		Address <u>Fulton, 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>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						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.) <u>4201</u>					
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 <u>Fulton</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>1950</u> to <u>death</u> and last saw ^{her} him alive on <u>12-6-58</u> . Death occurred at <u>9:30 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John J. Brown MD</u>				(Degree or title)		22b. ADDRESS <u>Fulton Mo</u>	
22c. DATE SIGNED <u>12-19-58</u>							
23a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>Burial</u>		23b. DATE <u>Dec; 18, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>	
24. FUNERAL DIRECTOR <u>Wallace Funeral Home, Fulton, Mo</u>				ADDRESS <u>Dec. 19 - 1958</u>		25. DATE RECD. BY LOCAL REG.	
				26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>			

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public service
 300 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Hector R. Masius*

Licensed Embalmer No. *499*

P. O. Address *Fulton*

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.