THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004309
State File No.

BIRTH NO. REC'D JAN 12 1959 REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4540 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Worth
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denver, MO 4540
c. LENGTH OF STAY (In this place): 30 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Worth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denver, MO 1130
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): VERNA
b. (Middle): GOLDIE
c. (Last): HALL

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1959

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 30, 1892
9. AGE (In years last birthday): 66 | 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): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Denver, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Franklin Hall
13b. MOTHER'S MAIDEN NAME: Savannah Findley
14. NAME OF HUSBAND OR WIFE:

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'S SIGNATURE OR NAME: Etta Hughes
ADDRESS: Denver, MO

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis, Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 18mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. 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: CC2X
20. AUTOPSY? YES ☐ NO ☒

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, *19* 57, *to* Jan 7, *19* 59 *that I last saw the deceased alive on* Jan 5, *19* 59, *and that death occurred at* 11a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank B Matteson M D (Degree or title)
23b. ADDRESS: Grant Cittym Mo
23c. DATE SIGNED: Jan 9, 59

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 9, 1959
24c. NAME OF CEMETERY OR CREMATORY: Miller Cemetry
24d. LOCATION (City, town, or county) (State): Denver, MO

DATE REC'D BY LOCAL REG.: Jan 10-1959
REGISTRAR'S SIGNATURE: Bewdry Kibbe
25. FUNERAL DIRECTOR'S SIGNATURE: Kermit Bray
ADDRESS: Denver MO

(Licensed Embalmer's Statement on Reverse Side)

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

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 John Andrews Student Embalmer No. _____ working under my personal supervision.

Student ..... Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.