

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006404

STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 209 Primary Registration District No. Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Palmyra</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Bethel</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Maple Lawn Rest</b>			Length of stay in lb <b>1yr</b>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Agnes</b> Last <b>Hall</b>				4. DATE OF DEATH Month <b>Feb</b> Day <b>14</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 8 1888</b>		9. AGE (In years last birthday) <b>70</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Steffensville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>James F. Hall</b>				14. MOTHER'S MAIDEN NAME <b>Victoria Jones</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>497-30842</b>		17. INFORMANT <b>Mrs. W.A. Looney, Bethel, Missouri.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular accident</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2/3/59</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>arteriosclerosis - vascular deterioration</b>					
		DUE TO (c) <b>Senile changes -</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>mental deterioration - and demented</b>						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 <b>2/26/58</b> to <b>2/14/59</b> and last saw <sup>her</sup> <del>him</del> alive on <b>2/3/59</b> Death occurred at <b>2/14/59 - 1:42 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Sam Buchanan D.O.</b>				22b. ADDRESS <b>Palmyra Mo.</b>		22c. DATE SIGNED <b>2/14/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 16/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Steffensville</b>		23d. LOCATION (City, town, or county) (State) <b>Steffensville, Missouri.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>C.W. Musgrove Bethel, Missouri.</b>				25. DATE RECD. BY LOCAL REG. <b>2-17-59</b>		26. REGISTRAR'S SIGNATURE <b>Dr. G. M. Lucke</b> <i>By J. J. G. Yell</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00-56

SEP 24 1950

DATE FILED  
SEP 20 1950

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 Sely, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed C. H. ...

Licensed Embalmer No. 27

P. O. Address Lithel, N.

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.