

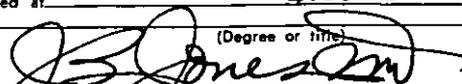
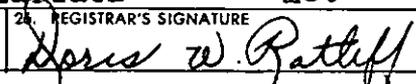
**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS AUG 2 1959

**59-027981**

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 252 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Adair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Macon</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		Length of stay in 1b <b>1 1/2 wk</b>	c. CITY OR TOWN <b>LaPlata</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Grim Smith</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6 mi west 1 mile south</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Vera</b> Middle <b>Ellis</b> Last <b>Hall</b>			4. DATE OF DEATH Month <b>8</b> Day <b>15</b> Year <b>59</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/15/97</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days Hours Min.	
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>Macon County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>America</b>	
13a. FATHER'S NAME <b>Emmet Ellis</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Lozetta McDavitt</b>		14. NAME OF HUSBAND OR WIFE <b>Earnest Hall - deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Zula Clem LaPlata Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Cerebral embolus</b>				<b>2 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Gastroenterostomy</b>		<b>7 days</b>	
		DUE TO (c) <b>Duodenal ulcer</b>		<b>6 weeks</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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. Month, Day, Year					
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>7-5-59</b> to <b>8-15-59</b> and last saw <sup>her</sup> <del>him</del> alive on <b>8-15-59</b> Death occurred at <b>4:00 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE  (Degree or title)			22b. ADDRESS <b>Kirksville, Missouri</b>		22c. DATE SIGNED <b>8-17-59</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/17/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LaPlata Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>LaPlata Mo.</b>	
24. FUNERAL DIRECTOR'S ADDRESS <b>Christie's Ralph E. Pollock LaPlata, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>8-19-1959</b>	26. REGISTRAR'S SIGNATURE 	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J. B. Jones, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed A. A. McCall

Licensed Embalmer No. 205

P. O. Address South St.

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.