

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029541

FILED VS. SEP 1 1959 55

Registration District No. _____ Primary Registration District No. **3127** Registrar's No. **130**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City Length of stay in lb 16 Months c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 203 N. Cedar St. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper c. CITY OR TOWN Webb City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 203 N. Cedar St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Sidney Middle C Last Hall			4. DATE OF DEATH Month August Day 25 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-14-92	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 9 Days 11 Hours 0 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Line Co. Employee		10b. KIND OF BUSINESS OR INDUSTRY Barry Co. Mo.		11. BIRTHPLACE (City and state or country) Mo. USA			
13a. FATHER'S NAME Abraham Hall			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Opal Hall		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Opal Hall Address 203 N. Cedar St. Webb City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPARENTLY CORONARY OCCLUSION 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) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH INSTANTANEOUS							
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 _____ Minute _____ 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 DID NOT ATTEND , to _____ and last saw her/him alive on _____ Death occurred at 10:15P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W. W. Simpson</i> (Degree or title) Coroner Jasper County			22b. ADDRESS Joplin Mo. Missouri		22c. DATE SIGNED 8-26-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-30-59	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri		
24. FUNERAL DIRECTOR ADDRESS Johnston-Arnice-Simpson Mortuary Webb City, Mo.			25. DATE RECD. BY LOCAL REG. 8-28-59		26. REGISTRAR'S SIGNATURE <i>Madeline Smitzer</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Jack C. Simpson

Licensed Embalmer No. *4647*

P. O. Address *Webb City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.