DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 0 1959

59-040798
STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 5639 Registrar's No. 52

MENDED

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON TOWNSHIP — Length of stay in 1b —
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1/2 Mi. N. Mayview — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN WASHINGTON TOWNSHIP — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1/2 Mi. N. Mayview Mo. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First William Middle Henry Last Hall
4. DATE OF DEATH Month Nov. Day 2 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 2. 1886
9. AGE (last birthday) 73 — IF UNDER 1 YEAR Months 6 Days 1 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Sedalia Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Goldie Lee Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY NO. 493-12-0711
17. INFORMANT Goldie Lee Hall Address R7B Mayview 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) CVA — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute myocardial infarction — 36 hrs.
DUE TO (c) ASHD — several years.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-1-59, to 11-2-59 and last saw him alive on 11-1-59
Death occurred at 2:56 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wilbur E. Fulkerson MD
22b. ADDRESS ~~[illegible]~~ 9 Higginsville Mo
22c. DATE SIGNED 11-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 3 1959
23c. NAME OF CEMETERY OR CREMATORY City Cemetery Higginsville Mo
23d. LOCATION (City, town, or county) Higginsville (State) Mo

24. FUNERAL DIRECTOR By H. Hader By D J Hader — ADDRESS Higginsville Mo
25. DATE RECD. BY LOCAL REG. 11-10-59
26. REGISTRAR'S SIGNATURE Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 25 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harold L Wack

Signature of Student Embalmer

Licensed Embalmer No. 4588

P. O. Address Lexington,

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