

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014358

FILED VS. MAY 5 1960

43

Primary Registration District No. 3007

Registrar's No. 239

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in '1b 4 weeks	c. CITY OR TOWN Naylor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Gen. Del.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLARD EDWARD HALL			4. DATE OF DEATH Month Day Year March 26, 1960		
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 4/21/1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) store clerk		10b. KIND OF BUSINESS OR INDUSTRY Gen. Mercantile	11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Pearl 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. none		17. INFORMANT Address Mrs. Pearl Hall Naylor, 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) Septicemic edema					INTERVAL BETWEEN ONSET AND DEATH 4 days
DUE TO (b) Cancer of throat					1 year
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign hypertrophy of prostate					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
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 3-12-60 to 3-26-60 and last saw her/him alive on 3-26-60 Death occurred at 1040 Rue m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE T. E. Ruff		(Degree or title) MD	22b. ADDRESS 621 Pine Poplar Bluff mo		22c. DATE SIGNED 4-8-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/28/1960	23c. NAME OF CEMETERY OR CREMATORY Ponder Cemetery		23d. LOCATION (City, town, or county) (State) Ripley Co., Missouri
24. FUNERAL DIRECTOR Edwards-Parrent		ADDRESS Naylor, Missouri	25. DATE RECD. BY LOCAL REG. 4/19/60		26. REGISTRAR'S SIGNATURE [Signature]

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 Ernest Eugene Cleary Student Embalmer No. 60 working under my personal supervision.

Student Ernest Eugene Cleary
Signature of Student Embalmer

Signed John D. Cleary
Licensed Embalmer No. HH 75

P. O. Address Box 395, Al

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