

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JUL 27 1960

-60-027974

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 55 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Doniphan</u>		Length of stay in 1b <u>6 years</u>	c. CITY OR TOWN <u>Doniphan</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Doniphan</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>West Doniphan</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Ernest</u> Middle <u>Hall</u> Last <u>Hall</u>			4. DATE OF DEATH Month <u>July</u> Day <u>21</u> Year <u>1960</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-16-1890</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jeweler</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Watch Maker</u>	11. BIRTHPLACE (City and state or country) <u>Pitman, Ark.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Richard Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Lacy</u>	14. NAME OF HUSBAND OR WIFE <u>Lenora Hall</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Lenora Hall Doniphan, Mo.</u> Address <u>Rm 4</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertensive Cardio</u>	
	DUE TO (c) <u>Vascular Disease</u>	<u>1 yr?</u>
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

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.)
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20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Doniphan Mo</u>	COUNTY <u> </u>	STATE <u> </u>
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21. I attended the deceased from <u>July 21-60</u> to <u>July 21 60</u> and last saw him alive on <u> </u> Death occurred at <u>11-30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>R. B. Coover md</u> (Degree or title)	22b. ADDRESS <u>Doniphan Mo</u>	22c. DATE SIGNED <u>7-23-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 23, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAYNARD Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>MAYNARD ARKANSAS</u>
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24. FUNERAL DIRECTOR <u>Edwards Funeral Home Doniphan, Mo.</u>	ADDRESS <u>7-24-60</u>	25. DATE RECD. BY LOCAL REG. <u> </u>	26. REGISTRAR'S SIGNATURE <u>Fluwa Brog</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

AUG 3 1960

VS DEC 21 1960

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 Gene Hansen

Licensed Embalmer No. 4809

P. O. Address Taylor,

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.