

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008545

AMENDED

Registration District No. 139 Primary Registration District No. 4225 Registrar's No. 20

STATE FILE NUMBER

FILED APR 12 1961

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Oregon</u>		c. CITY OR TOWN <u>Oregon</u>	
Length of stay in 1b <u>14 months</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Clarence</u> Middle <u>Lester</u> Last <u>Hall</u>			4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1961</u>		
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>4/3/1895</u>	9. AGE (last birthday) <u>66 years</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Anderson County, Kansas</u>		11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Joseph Warren Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Meidinger</u>	
14. NAME OF HUSBAND OR WIFE <u>Hazel Irene Hall</u>		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.	
17. INFORMANT <u>Mrs. Clarence Hall - Oregon, Missouri</u>		17. INFORMANT Address			

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) <u>Acute coronary thrombosis</u>			<u>minutes</u>
DUE TO (b) <u>Coronary sclerosis</u>			<u>years</u>
DUE TO (c) <u>Arteriosclerotic heart disease</u>			<u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Previous Coronary thrombosis; Obesity</u>			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 2/18/59 to 4/1/61 and last saw him alive on 4/1/61  
Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Caryl A. Potter, M.D.</u>		22b. ADDRESS <u>St. Joseph, Mo.</u>		22c. DATE SIGNED <u>4/6/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/7/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oregon Cemetery</u>	23d. LOCATION (City, town, or county) <u>Oregon Missouri</u>	

24. FUNERAL DIRECTOR <u>James H. Pettigrew</u>	ADDRESS <u>Oregon, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-8-1961</u>	26. REGISTRAR'S SIGNATURE <u>James H. Pettigrew</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

MAY 4 1961

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed James H Pettijohn  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

**Notes:** 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.