

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018229

STATE FILE NUMBER

Registration District No. 195

Primary Registration District No.

Registrar's No. 41-61

AMENDED

FILED MAY 16 1961

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pineville		c. CITY OR TOWN Pineville	
Length of stay in lb 40 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home		d. STREET ADDRESS (If outside, give location) City	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First WILLIAM Middle EVAN Last HALL			4. DATE OF DEATH Month 5 Day 8 Year 1961		
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-29-82	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 1 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist & Stockman		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Bay Minette, Ala.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME James Wesley Hall		13b. MOTHER'S MAIDEN NAME Margaret Pressley	
14. NAME OF HUSBAND OR WIFE Frances Hall		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Frances Hall		Address Pineville, Mo.			

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) hypostatic pneumonia		3 days
DUE TO (b) cerebral hemorrhage		
DUE TO (c) arteriosclerotic vascular disease		
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.)	
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 checked="" 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 5-6-61 to 5-8-61 and last saw her/him 5-8-61 alive on 5-8-61-2:30p on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at _____

22a. SIGNATURE <i>W. B. ...</i> (Degree or title) D.O.	22b. ADDRESS Anderson, Missouri	22c. DATE SIGNED 5-9-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-10-1961	23c. NAME OF CEMETERY OR CREMATORY Pineville Cem.	23d. LOCATION (City, town, or county) (State) Pineville, Mo.
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24. FUNERAL DIRECTOR Humphrey & Son ADDRESS Pineville, Mo.	25. DATE RECD. BY LOCAL REG. May 13, 1961	26. REGISTRAR'S SIGNATURE <i>Mary A. Pressley</i>
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *F. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, Mo.

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.