MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-021811
STATE FILE NUMBER

AMENDED

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 48

FILED JUL 11 1961

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton
Length of stay in 1b: 4 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Canton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 801 Clark St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mary Middle: L. Last: Hall
4. DATE OF DEATH Month: June Day: 15, Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-16-1927
9. AGE (last birthday): 33
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Elston J. Melton
13b. MOTHER'S MAIDEN NAME: Opal Hollomon
14. NAME OF HUSBAND OR WIFE: Harry E. Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Elston J. Melton, Address: Boonville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Sodium Flouride poisoning acute — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) coronary insufficiency.
Edema of brain, old operative scar for brain tumor,
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. P.M. Month, Day, Year 6-15-1961
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.) At home
20f. CITY, TOWN, OR LOCATION Canton, COUNTY Lewis County, STATE Mo.
21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Earl H. Barkley (Degree or title) Coroner
22b. ADDRESS Canton, Mo.
22c. DATE SIGNED 7-6-1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6-17-1961
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove
23d. LOCATION (City, town, or county) Boonville, Prentiss, Mo. (State)
24. FUNERAL DIRECTOR Earl H. Barkley, ADDRESS Canton, Mo.
25. DATE RECD. BY LOCAL REG. 7-8-'61
26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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_____ Signed Earl H Buckley

Signature of Student Embalmer

Licensed Embalmer No. 26135

P. O. Address Canton,

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.