SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028052
STATE FILE NUMBER

AMENDED

Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 23

FILED JUL 19 1961

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter
Length of stay in 1b 1 Month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dexter Convalescent Manor
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Stoddard
c. CITY OR TOWN Gray Ridge
Inside Limits Yes ☐ No X
d. STREET ADDRESS Route (If outside, give location)
Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Julius Middle H. Last Hall
4. DATE OF DEATH Month July Day 8, Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 3/22/1875
9. AGE (last birthday) 86
IF UNDER 1 YEAR Months 5 Days 18
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Omaha, Illinois
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Elijah Hall
13b. MOTHER'S MAIDEN NAME Hannah Harris
14. NAME OF HUSBAND OR WIFE Martha Willis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 489-44-5526
17. INFORMANT Ella Harmon, Address Sikeston, 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) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 4 years
DUE TO (c) Hypertrophy of prostate — 8 years
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. ☐ 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. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 24 - 1961, to July 8 - 1961 and last saw her him alive on July 8 - 1961
Death occurred at 3:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Corneau (Degree or title) M.D.
22b. ADDRESS Dexter Mo
22c. DATE SIGNED 7/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/10/1961
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
23d. LOCATION (City, town, or county) (State) Sikeston, Mo.
24. FUNERAL DIRECTOR ADDRESS Albritton Funeral Home, Sikeston, Mo.
25. DATE RECD. BY LOCAL REG. 7-13-61
26. REGISTRAR'S SIGNATURE Dr. George L. Baker

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

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 Raymond L. Duffer

Licensed Embalmer No. 4798

P. O. Address Berne, 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.