

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028052

STATE FILE NUMBER

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

AMENDED FILED JUL 19 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		Length of stay in 1b 1 Month		c. CITY OR TOWN Gray Ridge Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSITUATION Dexter Convalescent Manor			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Route (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Julius H. Hall			4. DATE OF DEATH Month July Day 8 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/22/1875	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 3 Days 18
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, 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) (If yes, give war or dates of service) no			
16. INFORMANT Ella Harmon, Sikeston, Mo.				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart failure			INTERVAL BETWEEN ONSET AND DEATH 3 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 (Do not relate 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 May 24, 1961 to July 8, 1961 and last saw her 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 <i>R. P. Brown</i>			(Degree or title)		22b. ADDRESS <i>W. L. Dexter Mo</i>
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) Sikeston, Mo.	
24. FUNERAL DIRECTOR Albritton Funeral Home, Sikeston, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 7-13-61
					26. REGISTRAR'S SIGNATURE <i>Mr. George L. Baker</i>

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. Duffie

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.