MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028285
STATE FILE NUMBER

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 123

FILED AUG 23 1961

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Monett — Length of stay in 1b: 18 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 814 Frisco Ave. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Barry
c. CITY OR TOWN: Monett — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 814 Frisco Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANK Middle C. Last HALL
4. DATE OF DEATH: Month Aug. Day 20 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/7/1914
9. AGE (last birthday): 47 — 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): Construction worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Duncan, Okla.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Calvin E. Hall
13b. MOTHER'S MAIDEN NAME: Ella Smith
14. NAME OF HUSBAND OR WIFE: Audra Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: Mrs. Audra Hall Address: Monett, 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): Occluson of coronary artery — INTERVAL BETWEEN ONSET AND DEATH: 1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 2 yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Severe angina since coronary occlusion April /60
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 5-17-61, to 8-20-61 and last saw her/him alive on 8-17-61
Death occurred at 9:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. G. Glass Jr MD (Degree or title)
22b. ADDRESS: 315½ Broadway Monett, Mo.
22c. DATE SIGNED: 8-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/23/61
23c. NAME OF CEMETERY OR CREMATORY: Duncan Cemetery
23d. LOCATION (City, town, or county) (State): Duncan, Okla.

24. FUNERAL DIRECTOR: J. D. Buchanan ADDRESS: Monett, Mo.
25. DATE RECD. BY LOCAL REG.: 8-21-61
26. REGISTRAR'S SIGNATURE: Mrs. F. N. Cook

(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

AUG 25 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 J. H. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.