

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-035832

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. \_\_\_\_\_ Registrar's No. 42

AMENDED

1. PLACE OF DEATH 7 1961

a. COUNTY BOLLINGER

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SCOPUS TWP. Length of stay in lb 2 YRS.

c. CITY OR TOWN NEAR MARBLE HILL Inside Limits Yes  No

d. STREET ADDRESS (if outside, give location) NEAR MARBLE HILL Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year

HARRY CURTIS HALL Oct. - 9 - 1961

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-1-1899 9. AGE (last birthday) 61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEAM FITTER 10b. KIND OF BUSINESS OR INDUSTRY BUILDING TRADES MARION CO. ILL. 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME L. L. HALL 13b. MOTHER'S MAIDEN NAME MARY MEYERS 14. NAME OF HUSBAND OR WIFE DORTHY M. HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT DORTHY M. HALL MARBLE HILL MO Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH ENTER WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinomatous

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary left lung.

DUE TO (c) \_\_\_\_\_

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 9:30 AM 10/7/61 to 10/9/61 and last saw him alive on 10/7/61

Death occurred at 9:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. Myers MD 22b. ADDRESS Luterville Mo 22c. DATE SIGNED 10/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 10-12-61 23c. NAME OF CEMETERY OR CREMATORY CHAPEL HILL CEM. 23d. LOCATION (City, town, or county) JEFFERSON CO.

24. FUNERAL DIRECTOR Lucas Sisko, Central Ill. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. Oct. 10-61 26. REGISTRAR'S SIGNATURE Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED \_\_\_\_\_

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS \_\_\_\_\_

INSTEAD OF \_\_\_\_\_

DOCUMENT \_\_\_\_\_

MEDICAL CERTIFICATION \_\_\_\_\_

BY AFFIDAVIT OF \_\_\_\_\_

ITEM NO. SHOULD READ \_\_\_\_\_

OCT 18 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. E. Graham*

Licensed Embalmer No. 4010

P. O. Address

*Luttsville, 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.