

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032193

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 382

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10940  
21030

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |  |
|--|--|
| FILED SEP 12 1962  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Francois</b><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Township</b> Length of stay in lb <b>16 hours</b><br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 4</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b><br>c. CITY OR TOWN <b>Essex</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <b>Route 2</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <b>VIRGIL</b> Middle <b>CAMPBELL</b> Last <b>HALL</b>  |  |
| 4. DATE OF DEATH Month <b>August</b> Day <b>18</b> Year <b>1962</b>  |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>  |
| 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>   | 8. DATE OF BIRTH <b>Jan. 21, 1911</b>  |
| 9. AGE (last birthday) IF UNDER 1 YEAR Months <b>6</b> Days <b>28</b> IF UNDER 24 HR Hours <b></b> Min. <b></b>  |  |
| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farm work</b>   |
| 11. BIRTHPLACE (City and state or country) <b>New Madrid, Missouri</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>Julius Hall</b>  | 13b. MOTHER'S MAIDEN NAME <b>Martha Willis</b>   |
| 14. NAME OF HUSBAND OR WIFE <b>(1st) Lucy Dean (Divorced)</b><br><b>(2nd) Helen Yealian Hall (Div.)</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No.</b>  | 16. SOCIAL SECURITY NO. <b>Unk.</b>  |
| 17. INFORMANT <b>Records, State Hosp. #4, Farmington, Mo.</b> Address  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute edema of the brain</b><br>DUE TO (b) <b>Delirium Tremens</b><br>DUE TO (c) <b>chronic alcoholism</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |
| 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. <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 <b></b> a.m. <b></b> p.m. Month, Day, Year  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |
| 20f. CITY, TOWN, OR LOCATION <b>Farmington, Missouri</b> COUNTY STATE  |  |
| 21. I attended the deceased from <b>August 17, 1962</b> to <b>Aug. 18, 1962</b> and last saw him alive on <b>August 18, 1962</b><br>Death occurred at <b>5:15 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |
| 22a. SIGNATURE (Degree or title) <i>John L. Brennan M.D.</i>   | 22b. ADDRESS <b>State Hospital No. 4, Farmington, Missouri</b>   |
| 22c. DATE SIGNED <b>8-19-62</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>Aug. 21, 1962</b>   |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>   |  |
| 23d. LOCATION (City, town, or county) <b>Sikeston, Missouri</b>  |  |
| 24. FUNERAL DIRECTOR <b>Albritton Funeral Home, Sikeston, Mo.</b> ADDRESS  | 25. DATE RECD. BY LOCAL REG. <b>Aug 19, 1962</b>   |
| 26. REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>   |  |

MS. SEP 12 1981

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 Donald Dale Caldwell

Logan Funeral Home  
Licensed Embalmer No. 5095

P. O. Address Flat River, 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.