

Dept. Health,
Educ., & Welfare
U. S. Public
Health Service

V.S. 300
Rev. 1-56

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 1 1 1963

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=63-001302

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Windsor 0421	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 410 Pettis St.		d. STREET ADDRESS (If outside, give location) 410 Pettis	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE B. HALL		4. DATE OF DEATH Month Day Year February 5, 1963	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-17-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		11. BIRTHPLACE (City and state or country) Eagleville, Mo. 0	
13. FATHER'S NAME Charles Hall		14. MOTHER'S MAIDEN NAME (Unknown)	
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. 510-07-6704	
17. INFORMANT Ola L. Hall Windsor, 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 Occlusion DUE TO (b) Arterio-sclerotic Heart Disease 10 years DUE TO (c) 4200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Duodenal ulcer		INTERVAL BETWEEN ONSET AND DEATH Sudden 10 years 2	
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: Month: Day: Year: a. m. p. m.		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 Windsor, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 6-15-59 to 2-5-63 and last saw him alive on 2-5-63 Death occurred at 7:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Bernard Brock, M.D.	
22b. ADDRESS Windsor, Mo.		22c. DATE SIGNED 2-7-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-8-1963	
23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Clifford Gouge Windsor, Mo.		25. DATE RECD. BY LOCAL REG. Feb 7-1963	
26. REGISTRAR'S SIGNATURE Mildred Bigum			

(Licensed Embalmer's Statement on Reverse Side)

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

Clifford Louge

Licensed Embalmer No. 5014

P. O. Address

Windsor, 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.

Permit Obtained

2-7-63

MB