

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 159 063-047437

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 17 1963

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Length of stay in lb 41 yrs.	c. CITY OR TOWN Boonville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 801 Pendleton Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Virgil Middle Rule Last Hall			4. DATE OF DEATH Month December Day 7 Year 1963		
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5. SEX Male	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 March 16, 1891	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling Salesman	10b. KIND OF BUSINESS OR INDUSTRY Clothing Co.	11. BIRTHPLACE (City and state or country) Louisiana, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William D. Hall	13b. MOTHER'S MAIDEN NAME Nancy Dillard	14. NAME OF HUSBAND OR WIFE Margaret Kathley Hall
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 11	16. SOCIAL SECURITY NO. 11	17. INFORMANT Address Mrs. V. R. Hall, Boonville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIAL FIBRILLATION AND MYOCARDIAL INEFFICIENCY		INTERVAL BETWEEN ONSET AND DEATH DAYS
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INFARCTION OF THE MYOCARDIUM IN PAST.		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	
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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.)	
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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 COUNTY STATE
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21. I attended the deceased from **04. 12/8/63** to **12-7-63** and last saw ^{her} him **12/8/63**
Death occurred at **12:25 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. H. ...</i>	(Degree or title)	22b. ADDRESS 329 Main St., Boonville, Mo	22c. DATE SIGNED 12/9/63.
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 10, 1963	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery Boonville, Mo Missouri.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Goodman & Boller Boonville, Mo.	25. DATE RECD. BY LOCAL REG. 12/9/63	26. REGISTRAR'S SIGNATURE <i>J. H. ...</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT
 DATE AMENDED
 1 **0295**
 2 **0295**
 3
 4 **0**
 5 **1**
 6
 7 **0**
 8 **2**
 9 **4/200**
 10
 11
 12 **1-0**
 13 **1-0**
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DEC 20 1963

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.