

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12158

BIRTH NO. _____		REG. DIST. NO. <u>131</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>97</u>			
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) 2. TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Rural Fairview Twp.		d. STREET ADDRESS (If rural, give location) 2 Mi. North East of Fairview			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				d. STREET ADDRESS (If rural, give location) 2 Mi. North East of Fairview					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leroy</u>		b. (Middle) <u>Alexander</u>		c. (Last) <u>Hall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April-19-1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5 Oct 1888</u>			
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Highway maintenance</u>		11. BIRTHPLACE (State or foreign country) <u>Homestown Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S. An</u>		13. FATHER'S NAME <u>Thomas Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Maude Marshall</u>		14. NAME OF husband WIFE <u>Chrisa Hall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Max Chrisa Hall</u>		ADDRESS <u>Paywater Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental burns</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 9/10/16				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway maintenance</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton - Henry Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 19 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Burned by gasoline ignited by pipe</u>					
22. I hereby certify that I attended the deceased from <u>April 19, 1949</u> , to _____, 19____, that I last saw the deceased alive on <u>April 19, 1949</u> , and that death occurred at <u>6:10 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Max Chrisa Hall</u> (Degree or title)				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>April 20, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>21 April 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Congregational Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-21-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		422. FUNERAL DIRECTOR'S SIGNATURE <u>Edrickman & Dunning</u>		ADDRESS <u>Clinton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 3-49-429
Date Filed 4-25-49

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

R. L. Dunning

Student Embalmer No. 3682

working under my personal supervision.

Student
Student Embalmer

Signed

J. R. Houser

Licensed Embalmer No. 3682

P. O. Address Calhoun, 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 this body is not embalmed, fact should be so stated above.