

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8417

State File No.

1428

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

BIRTH NO. 48816-49 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (When 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) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
c. LENGTH OF STAY (in this place) <u>2 day</u>		d. STREET ADDRESS (If rural, give location) <u>Rt #1 N. Washington St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARCELLA</u> b. (Middle) <u>Lee</u> c. (Last) <u>HALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 17 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Aug. 29 1949</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 YEAR Days <u>18</u>	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clinton Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert Lee Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Wanda Marcella Gibson</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Lee Hall</u> ADDRESS <u>Clinton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Whooping Cough</u> <u>5 Weeks</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>05701</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>2/11</u> , 19 <u>50</u> , to <u>3/17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/13</u> , 19 <u>50</u> , and that death occurred at <u>10:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R J Powell</u> (Degree or title)		23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>3/18/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MAR. 19-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Urich Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Urich Missouri</u>
DATE REC'D BY LOCAL REG. <u>Mar 19-50</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Wilkins Jr.</u> ADDRESS <u>Clinton Mo</u>	

RECEIVED

District Health Officer No. 7,

District File Number 2-50-284

Date Filed 3-27-58

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 _____
Student Embalmer

Signed

John W. Williams, Jr.

Licensed Embalmer No. 4570

P. O. Address Clinton, 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.