

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4269

BIRTH NO. _____		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>5296</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY OR TOWN <u>Rural Harding Prop</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Rural R.F.T</u>		0250 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route #3 Plattsburg Mo</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3 Plattsburg, MO.</u>			
3. NAME OF DECEASED (Type or Print) <u>George Rice</u>		b. (Middle) <u>Hall</u>		c. (Last) <u>Hall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13 1955</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>June 24 1881</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR <u>7</u>	11. UNDER 24 HRS. <u>19</u>	12. UNDER 24 HRS. <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George F. Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor Lamb</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Hall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bertha Hall</u> ADDRESS <u>Plattsburg 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>Myocardial infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u> <u>9 hrs</u> <u>10-15 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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>March</u> , 19 <u>54</u> , to <u>Feb 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 13</u> , 19 <u>55</u> , and that death occurred at <u>2:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John P. Mahoney</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Plattsburg, Mo.</u>		23c. DATE SIGNED <u>Feb 14, 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/15/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton County, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 16-1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seear</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Lyon</u> ADDRESS <u>Plattsburg Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Danell W. Lyon

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, 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.