

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40107

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 666

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Windsor</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Comm. Conv. Home</u>		Length of stay in 1b <u>35 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>104 E. Florence</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mattie</u> Middle <u>D.</u> Last <u>Hall</u>			4. DATE OF DEATH Month <u>12</u> Day <u>3</u> Year <u>1957</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-31-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At. Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years and months) <u>79</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>Urich, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Bersheba Cornett</u>	
14. NAME OF HUSBAND OR WIFE <u>(None)</u>		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>486-05-8531A</u>		17. INFORMANT Address <u>Mrs. Jim Carter Windsor, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Nephritis</u> DUE TO (b) <u>Rheumatoid Arthritis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7220</u>			INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NOT WHILE 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	
21. I attended the deceased from <u>June 1956</u> to <u>Nov 8-57</u> , and last saw her alive on <u>Nov. 8, 1957</u> Death occurred at <u>8:15 P.</u> m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. Hall</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Windsor Mo</u>	
22c. DATE SIGNED <u>12/6-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-5-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laute) Oak Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Windsor Mo.</u>
24. FUNERAL DIRECTOR <u>Ellis Huston</u>	ADDRESS <u>Windsor, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-14-57</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

DEC 17 1957

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 Houge* .....

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.