

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40159

STATE FILE NUMBER

FILED DEC 9-1957

Registration District No.

144

Primary Registration District No.

5562

Registrar's No.

104

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron			
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural-Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rural-Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) The Home for Aged Baptists		Length of stay in lb 1yr. 1mo. 6da.		d. STREET ADDRESS 1 1/2 mi. E. on Hwy. 70		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Georgia D. Hall				4. DATE OF DEATH Nov. 28, 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 26, 1877	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 11 Days 2		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) La Monte, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME John Dorsey				14. MOTHER'S MAIDEN NAME Lucinda O'Bannon			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Dolores Weiss, Ironton, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 4500F PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) FRACTURE LEFT Hip.						INTERVAL BETWEEN ONSET AND DEATH 2 years	
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 a. m. p. m. 		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 Ironton, Mo.	
21. I attended the deceased from JUNE 1, 1957 to NOV 28 '57 and last saw her alive on NOV 26 '57		Death occurred at 3:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Marvin C. Menne, M.D.		(Degree or title)		22b. ADDRESS Ironton, Mo.		22c. DATE SIGNED 11-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-30-57		23c. NAME OF CEMETERY OR CREMATORY Lamonte Cemetery		23d. LOCATION (City, town, or county) (State) Lamonte Mo.	
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.		ADDRESS Quail F. White		25. DATE RECD. BY LOCAL REG. 12-2-57		26. REGISTRAR'S SIGNATURE Marvin C. Menne	

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 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 *Annel J. White*.....

Licensed Embalmer No. *3012*

P. O. Address *Orleans, La.*

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.