

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017484
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 153

300
1-57

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DEEP CLINTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN DEEPWATER Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSPITAL		Length of stay in lb 2 HOURS	d. STREET ADDRESS (If outside, give location) R. R. II Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PEARL Middle Last HALL			4. DATE OF DEATH Month JUNE Day 8 Year 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 27-1894		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 65 Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) SEABIA MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOHN HALL		13b. MOTHER'S MAIDEN NAME LILLIE MAE FREELAND	14. NAME OF HUSBAND OR WIFE NONE		

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.	17. INFORMANT SALLIE HOWARD	Address DEEPWATER, MO.
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18. CAUSE OF DEATH (Never only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot Wound - Brain damage		INTERVAL BETWEEN ONSET AND DEATH Approx. 5 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) -Entrance wound occiput - Bullet	DUE TO (c) Excised from left Temporal lobe.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Gunshot wound - no witness - coroner
20c. TIME OF INJURY Hour 3:30 p.m. Month 6 Day 8 Year 59	supplement to fallow -

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.) Home -	20f. CITY, TOWN, OR LOCATION 2 miles of 13-52 junction S.W. Deepwater	COUNTY Henry	STATE MO.
21. I attended the deceased from Death occurred at 9:00 pm June approx 1 1/2 hr after admission to hospital Clinton Gen Hospital on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE W. Bradshaw, MD	(Degree or title) Henry Co 3	22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 6/9/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 13-1959	23c. NAME OF CEMETERY OR CREMATORY DUNNING CEMETERY DEEPWATER	23d. LOCATION (City, town, or county) MO.
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24. FUNERAL DIRECTOR MELVIN L. JANSSENS	ADDRESS DEEPWATER, MO.	25. DATE RECD. BY LOCAL REG. 6-12-59	26. REGISTRAR'S SIGNATURE Mildred Bigum
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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NOV 13 1959

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 *Melvin J. Jensen*

Licensed Embalmer No. *4529*

P. O. Address *Appleton City*

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.