

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015800

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 124

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425
2 0425
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4 1
5 2
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7 0
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94200
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12 86-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in lb 7 mo	c. CITY OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION G Bar H Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 208 E College Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alice Middle Lee Last Hall			4. DATE OF DEATH Month April Day 17 Year 1963
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/3/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 79 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Hours Min.
11. BIRTHPLACE (City and state or country) Calhoun Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Mathew Martin		13b. MOTHER'S MAIDEN NAME Mollie Settels	14. NAME OF HUSBAND OR WIFE Van Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO:	17. INFORMANT Address Neomi Yazel Nevada, 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) Cardiac failure DUE TO (b) arteriosclerotic heart disease DUE TO (c) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 days 7-8 years 8 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART-I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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. Month, Day, Year	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	COUNTY STATE
21. I attended the deceased from 8-8-62 to 4-10-63 and last saw her alive on 4-10-63 Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James O. Smith MD</i>		22b. ADDRESS Clinton, Missouri	22c. DATE SIGNED 4-19-63
23a. BURIAL; CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/20/1963	23c. NAME OF CEMETERY OR CREMATORY Calhoun cemetery	23d. LOCATION (City, town, or county) Calhoun, Mo
24. FUNERAL DIRECTOR ADDRESS Slickman & Dunning F H Clinton, Mo		25. DATE RECD. BY LOCAL REG. 4-20-1963	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 Robert L Dunning

Licensed Embalmer No. 4810

P. O. Address Clinch - 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.

Permit Obtained 4-20-63 (M.B.)