

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-039642

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 253

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 8 1965

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLINTON</u>		Length of stay in 1b <u>2 years</u>	c. CITY OR TOWN <u>LeeTon</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Route 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>William Hadley HALL</u>			4. DATE OF DEATH Month Day Year <u>October 29, 1965</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 2, 1907</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Custodian</u>	11. BIRTHPLACE (City and state or country) <u>Warsaw, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William HALL</u>		13b. MOTHER'S MAIDEN NAME <u>Zona Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Helen HALL</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>492-18-3252</u>	17. INFORMANT Address <u>John Hall Lees Summit, Missouri</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Carcinomatosis</u>		<u>30 days</u>
DUE TO (b) <u>Adenocarcinoma Stomach</u>		<u>6 months</u>
DUE TO (c)		

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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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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
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21. I attended the deceased from 9-1-65 to 10-29-65 and last saw ^{her} him alive on 10-29-65
Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Richard N. King M.D.</u>	22b. ADDRESS <u>1065. 3rd Clinton Mo.</u>	22c. DATE SIGNED <u>11-1-65</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 1, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memory Garden</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u>
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24. FUNERAL DIRECTOR <u>Schaberg-Nichols</u>	ADDRESS <u>Clinton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 1, 1965</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Begins</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
ITEM NO.	SHOULD READ			BY AFFIDAVIT OF
1	<u>0425</u>			
2	<u>0420</u>			
3				
4	<u>0</u>			
5	<u>1</u>			
6				
7	<u>0</u>			
8	<u>2</u>			
9	<u>151X</u>			
10				
11				
12	<u>1-0</u>			
13	<u>1-2</u>			

NOV 9 1965

NOV 12 1965

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 *B. E. Nichols*

Licensed Embalmer No. 4997

P. O. Address K. C. NW

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 11-1-65
(MB)