

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16759  
2277

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2277
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clay		
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 24 hr		c. CITY OR TOWN Kearney Rural 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Research		d. STREET ADDRESS (If rural, give location) X		
3. NAME OF DECEASED (Type or Print) CLARENCE ALEXANDER HALL a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH May 19 1950 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12 1900	9. AGE (In years last birthday) 49 Months 7 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen Farm work		11. BIRTHPLACE (State or foreign country) Clay Co Mo
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lee P Hall		
13b. MOTHER'S MAIDEN NAME Ida V. Burton		14. NAME OF HUSBAND OR WIFE Hattie E. Holl		
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'S SIGNATURE OR NAME ADDRESS Madeline Hentry Liberty Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crush syndrome with renal failure Left arm crushed in manure spreader. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) spreader. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kearney farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kearney Clay Mo.
21d. TIME OF INJURY 5-17-50 (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Crushed left arm
22. I hereby certify that I attended the deceased from May 17 1950, to May 19 1950, that I last saw the deceased alive on May 18, 1950, and that death occurred at 9:45 a.m., from the causes and on the date stated above.				
23a. SIGNATURE James W. Willoughby (Degree or title) James W. Willoughby, M.D.		23b. ADDRESS Liberty, Missouri		23c. DATE SIGNED 5-20-50
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE May 21 50	24c. NAME OF CEMETERY OR CREMATORY Fairview	
24d. LOCATION (City, town, or county) (State) Kearney Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard Fry Kearney Mo		
DATE REC'D BY LOCAL REG. 5-20-50		REGISTRAR'S SIGNATURE Doraldine Holmes		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1951

**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 .....  
Student Embalmer

Signed Leonard Fry .....

Licensed Embalmer No. 1677 .....

P. O. Address Kearney 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 this body is not embalmed, fact should be so stated above.