

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27401

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) AURORA	c. LENGTH OF STAY (in this place) 13 yr.	c. CITY (If outside corporate limits, write RURAL and give township) AURORA	
d. FULL NAME OF HOSPITAL OR INSTITUTION AURORA HOSPITAL		d. STREET ADDRESS (If rural, give location) 131 W. LOCUST ST.	

3. NAME OF DECEASED (Type or Print) a. (First) LOU b. (Middle) MORRIS c. (Last) HALL			4. DATE OF DEATH (Month) (Day) (Year) AUG. 26, 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 3, 1869	9. AGE (in years last birthday) 81	IF UNDER 1 YEAR: Months Days 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 HOME		11. BIRTHPLACE (State or foreign country) DADE COUNTY MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME LEON MORRIS		13b. MOTHER'S MAIDEN NAME JANE GREY		14. NAME OF HUSBAND OR WIFE EDWARD C. HALL	
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 EDWARD C. HALL AURORA, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hour years 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis. 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 type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from August 26, 1950, to August 26, 1950, that I last saw the deceased alive on August 26, 1950, and that death occurred at 12:01 P.M., from the causes and on the date stated above.

23a. SIGNATURE A. L. Quetta (Degree or title)		23b. ADDRESS M.O. Aurora, Mo.		23c. DATE SIGNED 8-26-50.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/27/50	24c. NAME OF CEMETERY OR CREMATORY North Greenfield Cemetery	24d. LOCATION (City, town, or county) (State) Greenfield Mo.	
DATE REC'D BY LOCAL REG. Aug 27-50	REGISTRAR'S SIGNATURE Oran Mc Natt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Wood Aurora, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

0551
0

0551
0

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 29 1950

Dist. File 850.1839

Date Filed Aug 29 1950

SEP 13 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed
Student Embalmer

Signed James D Crafton
Licensed Embalmer No. 4668
P. O. Address Aurora, 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.