

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40523

State File No.

FILED JAN 2 1950

BIRTH NO. 79236-50 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. In institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>		
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (If this place) <u>1 hr</u>	c. CITY OR TOWN <u>Leola, Mo</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Surgical Hosp</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Gale</u> c. (Last) <u>Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-50</u>		
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>11-10-50</u>	9. AGE (In years last birthday) <u>1 yr</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>West Plains, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Hall, F. Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Heinrich</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hall, Fred, Leola, Mo</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>75%</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from 11/10, 1950, to 11/10, 1950, that I last saw the deceased alive on 11/10, 1950, and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>West Plains</u>		23c. DATE SIGNED <u>11/10</u>	
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24a. BURIAL OR CREMATION, REMOVAL (Specify)	24b. DATE <u>11-11-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Free Union</u>	24d. LOCATION (City, town, or county) (State) <u>Leola, Mo</u>		
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DATE REC'D BY LOCAL REG. <u>12-20-50</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	2399	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertson, West Plains Mo</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4610

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 27 1950

Dist. File 1250-2571

Date Filed 12-27-50

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.....

Licensed Embalmer No.....

P. O. Address.....

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.