

FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26117

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 24

I. PLACE OF DEATH
 a. COUNTY **BATES** 0070
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RICH HILL**
 c. LENGTH OF STAY (In this place) **10 YRS.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **417 MAPLE ST.**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
 a. STATE **MISSOURI** b. COUNTY **BATES**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RICH HILL** 0070
 d. STREET ADDRESS (If rural, give location) **417 MAPLE ST.** 0

3. NAME OF DECEASED
 a. (First) **ZELLA** b. (Middle) **—** c. (Last) **HALL**
 4. DATE OF DEATH (Month) (Day) (Year) **AUGUST-17-1951**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE**
 8. DATE OF BIRTH **NOVEMBER-22-1876** 9. AGE (In years last birthday) **74**
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) **FT. SCOTT, KANSAS** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JOHN F. HALL** 13b. MOTHER'S MAIDEN NAME **MABLE M. CARTY** 14. NAME OF HUSBAND OR WIFE **NONE**

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 **Mrs. Eliza Woodman Rich Hill Mo** ADDRESS **Rich Hill 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
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Primary Hepatitis**
 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.

INTERVAL BETWEEN ONSET AND DEATH
8 Yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **592X** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Jan 10 1920**, to **May 17 1951**, that I last saw the deceased alive on **August 12 1951**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **James J. Galland M.D.** (Degree or title) 23b. ADDRESS **Rich Hill Mo** 23c. DATE SIGNED **Aug 11 1951**

24a. BURIAL CREMATION REMOVAL (Specify) **BURIAL** 24b. DATE **AUG-19-1951** 24c. NAME OF CEMETERY OR CREMATORY **GREENLAWN CEM.** 24d. LOCATION (City, town or county) (State) **RICH HILL, MISSOURI.**

DATE REC'D BY LOCAL REG. **8-19-1951** REGISTRAR'S SIGNATURE **Mrs. Edna Douglas** 25. FUNERAL DIRECTOR'S SIGNATURE **Booth Funeral Serv. Rich Hill, Mo** ADDRESS _____

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

RECEIVED 8-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-21-51

[Handwritten signature]

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

[Handwritten initials]

Signed *Norace K. Hill*

Licensed Embalmer No. *4743*

P. O. Address *Butler, 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.