No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42439

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 53-103

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenfield M.
c. LENGTH OF STAY (in this place): 1mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So Greenfield Mo
d. STREET ADDRESS (If rural, give location): 0290

3. NAME OF DECEASED (Type or Print): a. (First) Flow b. (Middle) c. (Last) Hall
4. DATE OF DEATH (Month) Dec (Day) 10 (Year) 1953
5. SEX: f
6. COLOR OR RACE: w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb 15,1877
9. AGE (In years last birthday): 76 IF UNDER 1 YEAR Months: 9 Days: 26 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: house wife
11. BIRTHPLACE (City and State or Foreign Country): ill
12. CITIZEN OF WHAT COUNTRY? usa
13a. FATHER'S NAME: allison s.rogers
13b. MOTHER'S MAIDEN NAME: emeline B.slagel
14. NAME OF HUSBAND OR WIFE: ambros u.hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Ambros U Hall Greenfield M. ADDRESS

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Nephritis

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Gastritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 725X
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) m.
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 1, 1953, *to* 12-10-, 19 53, *that I last saw the deceased alive on* 12-1, 1953, *and that death occurred at* 12:52p *m., from the causes and on the date stated above.*

23a. SIGNATURE M. S. Beasley (Degree or title) M.D.
23b. ADDRESS Miller, Mo
23c. DATE SIGNED 12-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec 12.1953
24c. NAME OF CEMETERY OR CREMATORY: Sinking Creek
24d. LOCATION (City, town, or county) (State): Dade Co Mo.

DATE REC'D BY LOCAL REG.: 12-15-53
REGISTRAR'S SIGNATURE: J. C. Canada 478
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W.R.Allison Greenfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield Ma

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.