

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. RICHARD HALL
State File No. **30338**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 917

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. LENGTH OF STAY (In this place) 50 yrs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION HANDLEY HOSPITAL		e. STREET ADDRESS (If rural, give location) 508 NO. WEAVER	

3. NAME OF DECEASED (Type or Print) a. (First) BARNEY b. (Middle) W. c. (Last) WILKINS		4. DATE OF DEATH (Month) (Day) (Year) OCT, 3, 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB, 2, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY X	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Min. _____
11a. FATHER'S NAME CON WILKINS		11b. MOTHER'S MAIDEN NAME UNKNOWN	11c. NAME OF HUSBAND OR WIFE X
12a. USUAL OCCUPATION (City and State or Foreign Country) MOUNTAIN REST CO, SCAROLINA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

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. Unknown?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WM. H. WILKINS SPRINGFIELD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 2 hr 15-20 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerotic Heart Disease		
	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 4200		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 Sept 3, 1954 to Sept 3, 1954 that I last saw the deceased alive on Sept 3, 1954 and that death occurred at 5:05 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David H. Hall M.D.	23b. ADDRESS 195 So. National	23c. DATE SIGNED 10/5/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/6/54	24c. NAME OF CEMETERY OR CREMATORY EASTLAWN
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.		

DATE REC'D BY LOCAL REG. 10-6-54	REGISTRAR'S SIGNATURE Earl Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KERMAN JOHMEYER SPRINGFIELD, MO
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Lester J. Swadlow*.....

Licensed Embalmer No. *1815*

P. O. Address *Albany, N.Y.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.