

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30434

FILED SEP 20 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>	c. LENGTH OF STAY (In this place) <u>77 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MASK REST HOME</u>		d. STREET ADDRESS (If rural, give location) <u>RFD</u>	

3. NAME OF DECEASED (Type or Print) JOHN STLAS HALL

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) 8-17-54

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify) W

8. DATE OF BIRTH 3-27- 9. AGE (In years last birthday) 77 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) FARMER

10b. KIND OF BUSINESS OR INDUSTRY X

11. BIRTHPLACE (State or foreign country) HOWELL COUNTY, MO

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME VERNON HALL 13b. MOTHER'S MAIDEN NAME NANCY JOHNSON 14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. NO 17. INFORMANT'S SIGNATURE OR NAME DAISY FRAZIER, WICHITA, KS. ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

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 _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) 4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ 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 July 14, 1954, to Aug. 17, 1954, that I last saw the deceased alive on Aug. 16, 1954 and that death occurred at 4:20 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard D. Smith, D.O. 23b. ADDRESS 913 W. Main, West Plains, Mo 23c. DATE SIGNED 8-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) B 24b. DATE 8-19-54 24c. NAME OF CEMETERY OR CREMATORY UNION GROVE 24d. LOCATION (City, town, or county) (State) WEST PLAINS, MO

DATE REC'D BY LOCAL REG. 9-13-54 REGISTRAR'S SIGNATURE Beatrice Cook 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO

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

300
48

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.

Student
Student Embalmer

Signed

A. D. Kautz

Licensed Embalmer No.

3437

P. O. Address

West Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.