

FILED MAR 19 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 12050

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4495		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethel		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Bethel		d. If Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) 1020			
3. NAME OF DECEASED (Type or Print)		a. (First) Thomas Emanuel		b. (Middle) Hall		c. (Last) Hall	
4. DATE OF DEATH (Month) (Day) (Year) Mar 11 - 1956		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec 23 - 1864		9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months 2		IF UNDER 24 HRS. Days 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 Merchantile		11. BIRTHPLACE (City and State or Foreign Country) Williamstown Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John C. Hall		13b. MOTHER'S MAIDEN NAME Elizabeth Carlin		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lura Thresher		ADDRESS Bethel, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart disease DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scurvy.				INTERVAL BETWEEN ONSET AND DEATH 1 day do not know do not know	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb. 12, 1956, to Mar 11, 1956, that I last saw the deceased alive on Mar 11, 1956, and that death occurred at 6:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Gladys Bowen D.D.				23b. ADDRESS Bethel, Mo.		23c. DATE SIGNED Mar 16, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 13 - 1956		24c. NAME OF CEMETERY OR CREMATORY Bethel Zion		24d. LOCATION (City, town, or county) (State) 1 mi WEST of Bethel, Mo.	
DATE REC'D BY LOCAL REG. 3-16-56		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Musgrove Bethel, 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 Self, Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Lowmugrow

Licensed Embalmer No. 27

P. O. Address Bethel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.