

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013478  
State File No.

FILED MAY 8 1958

|   |  |   |                        |  |
|---|--|---|------------------------|--|
| BIRTH NO.   |  | REG. DIST. NO. <u>53</u>  | PRIMARY REG. DIST. NO. | Registrar's No. <u>288</u>   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>  |                        |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Cape Girardeau</u>   |  | c. LENGTH OF STAY (In this place)<br><u>12 hours</u>  |                        | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Joplin</u> 1000               |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St Francis Hosp</u>   |  | d. STREET ADDRESS (If rural, give location)   |                        |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>JULIA ANN HALL</u>  |  | a. (First)  | b. (Middle)            | c. (Last)  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Apr 22, 1958</u>   |  | 5. SEX<br><u>Female</u>   |                        | 6. COLOR OR RACE<br><u>White</u>   |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |  | 8. DATE OF BIRTH<br><u>Dec 10, 1891</u>   |                        | 9. AGE (In years last birthday) <u>86</u><br>If under 1 year: Months Days<br>If under 12 mos: Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |                        | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>England, Arkansas</u>                           |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA.</u>  |  | 13a. FATHER'S NAME<br><u>Thos. D. Berry</u>   |                        | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Reed</u>   |
| 14. NAME OF HUSBAND OR WIFE<br><u>George Hall</u>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                        | 16. SOCIAL SECURITY NO.<br><u>None</u>   |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>George Hall</u>   |  | ADDRESS<br><u>Joplin Mo</u>   |                        |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>_____ |                        | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 hours</u>  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |                        | 20. AUTOPSY? <u>2</u><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>             |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>AO</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                        | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>331X</u>   |
| 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 <u>4-22, 1958</u> , to <u>4-22, 1958</u> , that I last saw the deceased alive on <u>4-22, 1958</u> and that death occurred at <u>5:05 P.M.</u> , from the causes and on the date stated above. |  |   |                        |  |
| 23a. SIGNATURE<br><u>R. W. Ashley M.D.</u>  |  | 23b. ADDRESS<br><u>CAPE GIRARDEAU</u>   |                        | 23c. DATE SIGNED<br><u>4-23-58</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>4/24/58</u>   |                        | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Lightner Cem</u>  |
| 24d. LOCATION (City, town, or county) (State)<br><u>Illmo, Missouri</u>   |  | 24e. DATE REC'D BY LOCAL REG.<br><u>May 1 1958</u>  |                        | REGISTRAR'S SIGNATURE<br><u>Mrs. Homer C. Cooper</u>   |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Clayton Kopp</u>   |  | ADDRESS<br><u>Illmo Mo.</u>   |                        |  |

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 .....  
Student Embalmer

Signed

*Oliver Carmichael*

Licensed Embalmer No. 4470

P. O. Address Illms, 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.