

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035207  
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 337 Primary Registration District No. 4497 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <b>SHELBY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>SHELBY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLARENCE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>CLARENCE</b> <sup>1026</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b> Length of stay in 1b <b>1YR</b>		d. STREET ADDRESS (If outside, give location) <b>CLARENCE MO</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>DANIEL B. RALLS</b>			4. DATE OF DEATH Month Day Year <b>SEPT. 22 1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 2, 1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>TIYOK COUNTY MO</b>
13a. FATHER'S NAME <b>MORGAN RALLS</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH GRAHAM</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NO</b>		16. SOCIAL SECURITY NO. <b>_____</b>	14. NAME OF HUSBAND OR WIFE <b>LAURA RALLS</b>
17. INFORMANT Address <b>MRS DELBERT SICHAL CLARENCE MO</b>			17. INFORMANT Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Organic heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular disease</b>			<b>6 mos.</b>
DUE TO (c) <b>Arteriosclerosis</b>			<b>443X 4 mos</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Parkinson's disease</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>9-4-1954</b> to <b>9-22-1958</b> and last saw him <b>alive</b> on <b>9-22-1958</b> Death occurred at <b>9:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Alvin R. Hull D.O.</b>		22b. ADDRESS <b>Clarence, MO</b>	22c. DATE SIGNED <b>9-29-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-24-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HAGERS GROVE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>SHELBY COUNTY MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>GREENING CLARENCE MO</b>		25. DATE RECD. BY LOCAL REG. <b>Oct-1-58</b>	26. REGISTRAR'S SIGNATURE <b>Ada Garrison</b>

(Licensed Embalmer's Statement on Reverse Side)

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Charles O. Heenan* .....

Licensed Embalmer No. *4625* .....  
P. O. Address *Clarence* .....

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.