

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004954

STATE FILE NUMBER

Registration District No. 88 Primary Registration District No. 5330 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside limits, give name of TOWNSHIP only) <u>Osage</u> TOWN <u>Steelville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Steelville</u> <u>0230</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Unknown</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Donald Ray Hall</u>			4. DATE OF DEATH Month Day Year <u>Feb. 12, 1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 25, 1928</u>
9. AGE (In years last birthday) <u>30</u>		10. FUNDER YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shift man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead mining</u>	11. BIRTHPLACE (City and state or country) <u>Bertrand, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Everett Hall</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Goodman</u>		14. NAME OF HUSBAND OR WIFE <u>Beulah Hall</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-24-6629</u>	
17. INFORMANT <u>Mrs. Beulah Hall, Fredericktown, Mo.</u>		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) <u>Chokehold by Fredericktown Police</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Interval</u> DUE TO (c) <u>9122</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4</u>			INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Fell in mine shaft</u>		20c. TIME OF INJURY Hour <u>3</u> Month, Day, Year p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street/office bldg., etc.) <u>Stratton</u>	
20f. CITY, TOWN, OR LOCATION <u>Donnellville</u>		COUNTY <u>Crawford</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>2-12-59</u> to <u>2-13-59</u> and last saw her/him alive on <u>2-13-59</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Chad</u>		22b. ADDRESS <u>Steelville Mo.</u>	
22c. DATE SIGNED <u>2-16-59</u>		22d. SIGNATURE <u>Mrs. Hazel Lebins</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/15/59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Najim Funeral Home, Fredericktown, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/16/59</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lebins</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

All diseases in Part I must be causally related.

SEP 25 1959

MAR 13 1963

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 McE...*
Licensed Embalmer No. *4852*
P. O. Address *Fredricktown, D*

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.