

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1859-61-013757
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

FILED MAY 3 1961

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY DeKALB		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 DAYS	c. CITY OR TOWN UNION STAR		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSF.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. # 1	
3. NAME OF DECEASED (Type or print) First BUTLER Middle E. Last HALL			4. DATE OF DEATH Month APRIL Day 13 Year 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/6/1909	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY UNION STAR, MO.		11. BIRTHPLACE (City and state or country) CLARKSDALE, MO.	
12. CITIZEN OF WHAT COUNTRY U. S. A.			13a. FATHER'S NAME JOHN HALL		
13b. MOTHER'S MAIDEN NAME ANNA BURETTE			14. NAME OF HUSBAND OR WIFE MRS. LUCILLE HALL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -NO Yes			16. SOCIAL SECURITY NO. 505-01-9240		17. INFORMANT Address R. R. # 1 MRS. LUCILLE HALL UNION STAR, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarct					INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Occlusion of Rt. coronary art					
DUE TO (c) Coronary arteriosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 2-18-61 to 4-13-61 and last saw him alive on 2/13/61 Death occurred at 1:18 A. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. G. Agee</i>			22b. ADDRESS 5801 Kingsley Dr., N.C., Mo.		22c. DATE SIGNED 4/14/61
23a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL		23b. DATE APR. 14, 1961	23c. NAME OF CEMETERY OR DEPOSITORY UNION STAR CEMETERY		23d. LOCATION (City, town, or county) UNION STAR MISSOURI
24. FUNERAL DIRECTOR CLARK FUNERAL HOME		ADDRESS KING CITY MISSOURI	25. DATE RECD. BY LOCAL REG. 4-15-61		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
5/24/61

INSTEAD OF
No

ITEM NO. SHOULD READ
15 Yes, World War #2

BY AFFIDAVIT OF Inf. G. Agee

MEDICAL CERTIFICATION

MAY 3 1961

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.