

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001120

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 151

STATE FILE NUMBER

**FILED JAN 30 1963**

1. PLACE OF DEATH  
 a. COUNTY Greene  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in lb enroute  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. John's Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Greene  
 c. CITY OR TOWN Strafford Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) No street address Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES L. HALL  
 4. DATE OF DEATH Month Day Year January 25 1963

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married   
 Widowed  Divorced  8. DATE OF BIRTH Aug. 26, 1904 9. AGE (last birthday) 58  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef  
 10b. KIND OF BUSINESS OR INDUSTRY Frisco Dining Serv. 11. BIRTHPLACE (City and state or country) Corning, Arkansas  
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Hall 13b. MOTHER'S MAIDEN NAME Blanche Crunkleton  
 14. NAME OF HUSBAND OR WIFE Ruth Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No)  
 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Mrs Ruth Hall, Strafford, Missouri

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH few min.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
 20a. ACCIDENT  SUICIDE  HOMICIDE   
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 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 8-62 to 1-25-63 and last saw him alive on 1-20-63  
 Death occurred at 3:35 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. B. Lemmon, MD 22b. ADDRESS Springfield, Mo. 22c. DATE SIGNED 1-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Jan 28, 1963  
 23c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery 23d. LOCATION (City, town, or county) (State) near, Strafford, Missouri

24. FUNERAL DIRECTOR ADDRESS Jewell E. Windle, Springfield, Mo. 25. DATE RECD. BY LOCAL REG. 1-28-63 26. REGISTRAR'S SIGNATURE Effie S. Meeter

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

1397

2390

3

4 0

5 1

6

7 1

8 2

9/20.1

10

11

12-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FEB 1 1963

Paris 1-25-63

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.