

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-020943

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 272 Primary Registration District No. 5912 Registrar's No. 19

FILED MAY 27 1963

VS 300
Rev. 4/59
10780
207802
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4 1
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94201
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1290-0
134-0

DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gobler		Length of stay in 1b	c. CITY OR TOWN Gobler
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) no Street Numbers
3. NAME OF DECEASED (Type or print) First Middle Last Lillie Ann Hall			4. DATE OF DEATH Month Day Year May 16 1963
5. SEX female	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 6/20/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (last birthday) 72
13a. FATHER'S NAME William A. Smith		13b. MOTHER'S MAIDEN NAME Dela Smith	11. BIRTHPLACE (City and state or country) Selmer, Tenn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		14. NAME OF HUSBAND OR WIFE Troy Hall	
18. CAUSE OF DEATH (Enter only one cause per time for (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		12. CITIZEN OF WHAT COUNTRY USA	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		17. INFORMANT Address Troy Hall, Gobler, Mo. Steele RFD	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		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 May 16, 1963 to May 1963 and last saw her/him alive on Death occurred at approximately 6:00a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George O. Dunning MD		22b. ADDRESS Kennett, Mo	DATE SIGNED 5/20/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/18/1963	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge
24. FUNERAL DIRECTOR McDaniel Funeral Ser. Kennett, Mo.		23d. LOCATION (City, town, or county) Kennett Missouri	25. DATE RECD. BY LOCAL REG. 5-24-63
26. REGISTRAR'S SIGNATURE Ether Callens			

USE BLACK INK OR TYPEWRITER RIBBON

8961 8 NNC

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 Tommy D. Roberts

Licensed Embalmer No. 4886

P. O. Address Keenett, 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.