

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031159

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3000 Registrar's No. 282

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10119

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 26 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Adair</u></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u> Length of stay in 1b _____</p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grim Hospital &amp; Clinic</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u></p> <p>c. CITY OR TOWN <u>Brashear</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (if outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p>First <u>Maude</u> Middle <u>Elizabeth</u> Last <u>Hall</u></p>	<p>4. DATE OF DEATH</p> <p>Month <u>August</u> Day <u>9</u> Year <u>1963</u></p>
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>1-29-90</u></p>
<p>9. AGE (last birthday) <u>73</u></p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Illinois</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>
<p>13a. FATHER'S NAME <u>Monroe Nipper</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Lucinda Matlock</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>William E. Hall</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)</p>
<p>16. SOCIAL SECURITY NO. _____</p>	<p>17. INFORMANT <u>Raymond Hall</u> Address <u>Brashear, Missouri</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Competitive heart failure</u></p> <p style="text-align: center;">DUE TO (b) <u>Ventricular fibrillation</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <u>8/8/63</u> to <u>8/9/63</u> and last saw her alive on <u>8/9/63</u>. Death occurred at <u>2:50 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE <u>[Signature]</u> (Degree or title) _____</p>	<p>22b. ADDRESS <u>Kirkville, Missouri</u></p>
<p>22c. DATE SIGNED <u>8/12/63</u> (State)</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u></p>	<p>23b. DATE <u>12 Aug 1963</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) <u>Havana, Illinois</u></p>	
<p>24. FUNERAL DIRECTOR <u>HUDSON-RIMER FUNERAL HOMES</u> ADDRESS <u>Edina, Mo</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>Aug. 20, 1963</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued Aug. 9, 1943

J. J. W. M. P., M. D.

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 Jerry L. Davis

Licensed Embalmer No. 5216

P. O. Address Hurdland, 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.