

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047774

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 3

DO NOT WRITE ON THIS STUB -AMENDED

VS 300
Rev. 4/59

1 0411

2 0410

3 1

4 0

5 1

6

7 0

8 2

9 X

10

11 041

12 2-2

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 7 1964		1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Length of stay in 1b <u>74 yrs</u>		c. CITY OR TOWN <u>Bethany Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Reid</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Bethany Mo</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Wylie Theodore Hall</u>			4. DATE OF DEATH Month Day Year <u>12 28 1963</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>8-9-1889</u>	9. AGE (last birthday) <u>74-4-19</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTH PLACE (City and state or country) <u>Mo. Harrison, Co. U.S.A.</u>	
12a. FATHER'S NAME <u>George W. Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Noble</u>		14. NAME OF HUSBAND OR WIFE <u>Alma 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> <u>Noys</u>			17. INFORMANT <u>Carol O'Hare Cottey Mo</u>		Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Internal Hemorrhage, Shock.</u>					<u>48 hrs</u>
DUE TO (b) <u>Fractured ribs, punctured lung,</u>					
DUE TO (c) <u>Internal Injuries, fracture left leg.</u>					<u>48 hrs.</u>
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 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>Injured in car accident 12-26-63</u>			
20c. TIME OF INJURY Hour a.m. Month, Day, Year <u>2:30 P.M. 12-26-63</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mo Hgwy 13</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>3 miles So. Bethany, Harrison Co.</u>	
21. I attended the deceased from <u>12-26-63</u> to <u>12-28-63</u> and last saw him alive on <u>12-28-63</u> Death occurred at <u>12:01 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Dr. Morry</u> (Degree or title)			22b. ADDRESS <u>D.O. Bethany, Mo.</u>		22c. DATE SIGNED <u>12-30-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-30-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		23d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>
24. FUNERAL DIRECTOR <u>Mrs. Bethany Mo</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>12-30-1963</u>	26. REGISTRAR'S SIGNATURE <u>Cella Maxey</u>	

USE BLACK INK OR TYPEWRITER RIBBON

FEB 14 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 W. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.