

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-043690

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 283

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 6 1965

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Length of stay in 1b 6 months	c. CITY OR TOWN Windsor Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 308 S. Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle MAE Last HALL			4. DATE OF DEATH Month November Day 27 Year 1965
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-14-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 91 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ IF UNDER 24 HR: _____ Min.
11. BIRTHPLACE (City and state or country) Kearney, Mo. Clay co. U. S. A.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William B. Poston		13b. MOTHER'S MAIDEN NAME Rebecca Alexander	14. NAME OF HUSBAND OR WIFE Charles Edward Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. (none)	17. INFORMANT Harold Williams Windsor, Mo. Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Kidney Failure DUE TO (c) Generalized Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 48 hours 2 weeks years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			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 _____ 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 7-22-64 to 11-26-65 and last saw her alive on 11-26-65 Death occurred at 6:20 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Bernard Brach, M.D. (Degree or title)		22b. ADDRESS 116 South Main Windsor, Mo	22c. DATE SIGNED 11-27-65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-29-1965	23c. NAME OF CEMETERY OR CREMATORY Mt. Ayers Cemetery	23d. LOCATION (City, town, or county) Altamont, Mo. (State)
24. FUNERAL DIRECTOR Clifford Gouge Windsor, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 29, 65	26. REGISTRAR'S SIGNATURE Mildred Begime MB

USE BLACK INK OR TYPEWRITER RIBBON

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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 Clifford George

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.