

FILED APR 23 1951

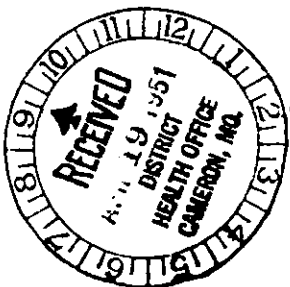
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13640**

0890
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 6019		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give town) Orrick, Rural		c. LENGTH OF STAY (in this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) Orrick, Rural		0890	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) Four Mi. N-W of Orrick, M.			
3. NAME OF DECEASED (Type or Print) a. (First) Chloe		b. (Middle) Adle		c. (Last) Hall		4. DATE OF DEATH (Month) (Day) (Year) April - 10 - 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 10, 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Frakes		13b. MOTHER'S MAIDEN NAME Eliza Tarwater		14. NAME OF HUSBAND OR WIFE A. E. 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'S SIGNATURE OR NAME A. E. Hall		ADDRESS Orrick,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Enlarged Heart - four years previous of Heart - Valve. DUE TO (c) Coronary - Thrombosis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-17-51 , 19____, to 4-10-51 , 19____, that I last saw the deceased alive on 4-9-51 , 19____, and that death occurred at 7:30 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Jeffrey F. Simmons D.O.				23b. ADDRESS Orrick, Mo		23c. DATE SIGNED 4-11-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 12, 51	24c. NAME OF CEMETERY OR CREMATORY Riffe Cemetery		24d. LOCATION (City, town, or county) (State) 3 Mi-N- of Orrick, Mo.		
DATE REC'D BY LOCAL REG. 4-13-51		REGISTRAR'S SIGNATURE Heleen J. Larkin		25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good		ADDRESS Orrick, Mo.	



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 _____

Self

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Victor E. Juringer*

Licensed Embalmer No. *2896*

P. O. Address *Liberty, 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 this body is not embalmed, fact should be so stated above.