

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9746

State File No.

No. 300
10.48

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 27

890

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

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>	
b. CITY OR TOWN <u>Ray</u>		c. CITY OR TOWN <u>ORRICK</u>	
c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 MILE S.E. OF HENRIETTA</u>		e. STREET ADDRESS (If rural, give location) <u>2 MILES NORTH OF ORRICK, MISSOURI</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u> b. (Middle) <u>R.</u> c. (Last) <u>HALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 15 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 8, 1885</u>
9. AGE (In years) <u>68</u> (Months) <u>10</u> (Days) <u>7</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ORRICK, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.P.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (RETIRED)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	
13a. FATHER'S NAME <u>SOLOMON F. HALL</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH CLARK</u>	
13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		13d. SOCIAL SECURITY NO. <u>NO</u>	
14. NAME OF HUSBAND OR WIFE <u>NELLIE (WOODRUFF) HALL</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nellie Hall Orrick, Missouri</u>	
15. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrest</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart failure long standing</u> DUE TO (c) <u>Atherosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>2-1-54</u>, 1953, to <u>3-15</u>, 1954 that I last saw the deceased alive on <u>3-15-1954</u>, and that death occurred at <u>9:17 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G. E. Davault M.D.</u>		23b. ADDRESS <u>Richmond Mo.</u>	
23c. DATE SIGNED <u>MAR 19-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 17 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SOUTH POINT</u>		24d. LOCATION (City, town, or county) (State) <u>ORRICK, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>MAR 19 1954</u>		REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>George D. Hale</u>		ADDRESS <u>Richmond Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

By CRB

7th Feb. 1924

MAR 30 1924

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 *George H. Hale*.....
Licensed Embalmer No. 257

P. O. Address *Parkland*.....

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.