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MAY 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17595

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

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>4446</u>		Registrar's No. <u>03</u>								
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>Monroe</u>										
b. CITY OR TOWN <u>Harden</u>		c. LENGTH OF STAY (in this place) <u>three</u>		c. CITY OR TOWN <u>Harden Madison</u>		d. STREET ADDRESS (If rural, give location) <u>0690</u>								
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____										
3. NAME OF DECEASED (Type or Print)			a. (First) <u>John</u>			b. (Middle) <u>Harvey</u>			c. (Last) <u>Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-13-1952</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>6/22/1930</u>		9. AGE (In years last birthday) <u>21</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>oil business</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>oil</u>				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Harve Hall</u>				13b. MOTHER'S MAIDEN NAME <u>Mildred Woods</u>				14. NAME OF HUSBAND OR WIFE <u>Emogene De Mones</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Harve Hall</u> ADDRESS <u>Madison</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accident</u>		Result of collision of 2 cars, and fire that followed												
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Hax followed												
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harden, Ray, mo</u>										
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>may 13-1952 1:45 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____										
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <u>Dr. Guy F. Paster</u>				23b. ADDRESS <u>Richmond, Mo</u>				23c. DATE SIGNED <u>5-15-52</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/17/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Madison Missouri</u>								
DATE REC'D BY LOCAL REG. <u>May 16 1952</u>		REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Treda...</u>		ADDRESS _____								

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Frederic Thompson

Licensed Embalmer No. 1420

P. O. Address Windsor, Md

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.