

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27697

STATE FILE NUMBER

FILED AUG 27 1956

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 63

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>California</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Loma</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ETHELBERT</u> Middle <u>HOWARD</u> Last <u>HALL</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>14</u> Year <u>1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 9 - 1903</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>no</u>	9c. AGE (In years last birthday) Months <u>53</u> Days <u>5</u> Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>	10c. BIRTHPLACE (City and state or country) <u>Prarie Home Mo.</u>
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George M Hall</u>		14. MOTHER'S MAIDEN NAME <u>Flora Hedgebeth</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>		16. SOCIAL SECURITY NO. <u>495-36-1916</u>	17. INFORMANT Address <u>Velma Hall California Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Central Thrombosis</u> Conditions, if any, which gave rise to above cause (a) DUE TO (b) <u>Lues, lat, cardio-vascular and Cerebrospinal.</u> DUE TO (c) <u>Cerebrospinal.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11 months</u> <u>20 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>023x</u>			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 <u>9:50</u> Month <u>8</u> Day <u>14</u> Year <u>56</u> a. m. p. m.			
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 <u>California, Moniteau Mo</u>	
21. I attended the deceased from <u>8-18-55</u> to <u>8-14-56</u> and last saw her alive on <u>8-14-56</u> Death occurred at <u>9:50</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R B Fulka, MD</u>		22b. ADDRESS <u>California, Mo.</u>	22c. DATE SIGNED <u>8-15-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-17-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>California Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Hugh E Williams California Mo</u>		25. DATE RECD. BY LEGAL REG. <u>8-17-56</u>	26. REGISTRAR'S SIGNATURE <u>H L Popejoy</u>

(Licensed/Embalmer's Statement on Reverse Side)

5060

APR 27 1961

1961 APR 27 12:58 PM

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 *Hugh E. Williams*

Licensed Embalmer No. *35*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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..