

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015047

STATE FILE NUMBER

FILED MAY 13 1958

Registration District No. 2-19224 Primary Registration District No. 5791 Registrar's No. 49

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 Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Moniteau			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Enon - Burris Fork		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN California		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Southeast of Calif.	
3. NAME OF DECEASED (Type or print) First Willis Middle Eliphas Last Hall			4. DATE OF DEATH Month 4 Day 28 Year 1958				
5. SEX Male	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 Oct. 15 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 6 Days 13 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Rheinland-Montgomery		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Frank Hall				14. MOTHER'S MAIDEN NAME Sarah Ellis			
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 Address Mrs Denver Enloe			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Chronic Arteriosclerosis DUE TO (c) Embolus of Fat PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201						INTERVAL BETWEEN ONSET AND DEATH 7 weeks 10 years 15 yrs	
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 Month, Day, Year 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			STATE
21. I attended the deceased from 9-26-58 to 9-26-58 and last saw her alive on 9-18-58 . Death occurred at 3:00 A M m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Em. Elbert D. O. J. Russell, M.D.				22b. ADDRESS Russellville, Mo.		22c. DATE SIGNED 5-1-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-1-1958		23c. NAME OF CEMETERY OR CREMATORY Yarnell Cemetery		23d. LOCATION (City, town, or county) (State) Moniteau Co. Mo	
24. FUNERAL DIRECTOR ADDRESS Hugh H. Schubert Russellville				25. DATE RECD. BY LOCAL REG. 5/5/1958		26. REGISTRAR'S SIGNATURE H. L. Popejoy	

(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.....
Signature of Student Embalmer

Signed *Hugh H. Schukert Russell*

Licensed Embalmer No. *281*

P. O. Address *Russell*

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.