

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41753

State File No. ....

BIRTH NO. 89434-54 REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</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, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>		c. LENGTH OF STAY (If applicable) <u>19 hrs</u>	c. CITY OR TOWN <u>Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Rt # 1. Centertown, Mo</u>		<u>0680</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>	b. (Middle) <u>Richard</u>	c. (Last) <u>Hall</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 9 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Dec 8 1854</u>
9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 2 YEARS Days <u>19</u>	IF UNDER 24 HRS. Hours <u>19</u> Min. <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Harold R. Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes D Huff</u>	14. NAME OF HUSBAND OR WIFE
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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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold R. Hall Centertown Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital cystic disease of lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec 8, 1954, to Dec 9, 1954, that I last saw the deceased alive on Dec 9, 1954, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O Kenyon Latham MD.</u>	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>12-10-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/10/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksburg Mo</u>
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DATE REC'D BY LOCAL REG. <u>12/10/54</u>	REGISTRAR'S SIGNATURE <u>Helen L Papey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tease Bowden</u>	ADDRESS <u>California</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

*Not Embalmed*