

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22604

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 823			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Kansas b. COUNTY Doniphan 977					
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 18 days		c. CITY (If outside corporate limits, write RURAL and give township) Troy 14					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital 6				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) Alton		b. (Middle) W.		c. (Last) Hall		4. DATE OF DEATH (Month) (Day) (Year) July 18, 1949			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 30, 1881		9. AGE (In years last birthday) 68 0 18			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contact Man		10b. KIND OF BUSINESS OR INDUSTRY Tractor		11. BIRTHPLACE (State or foreign country) Nashville Tenn /		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Agnes Hall					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486092389A		17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes Hall ADDRESS Troy, Kansas.					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral emboli ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 days 3 years	
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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Jan 1949, to July 18, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 6 P. m. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. L. Hall				23b. ADDRESS Denton Kans		23c. DATE SIGNED 7-18-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/23/49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo. 3S.			
DATE REC'D BY LOCAL REG. July 29, 1949		REGISTRAR'S SIGNATURE E. L. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. L. Hall Troy Kansas					

(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1950

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.

Signed *E. L. Kan*

Signed
Student Embalmer

Licensed Embalmer No. 3532

P. O. Address Troy, Kansas.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.