

FILED JUL 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20229

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2870

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. OSTEOPATHIC HOSPITAL		e. STREET ADDRESS (If rural, give location) 5827 PEERY	

3. NAME OF DECEASED (Type or Print) WILLIAM REESE HALL			4. DATE OF DEATH (Month) (Day) (Year) JUNE 27, 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 29, 1867	9. AGE (In years Last birthday) 83 IF UNDER 1 YEAR Hours Days IF UNDER 24 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	11. BIRTHPLACE (State or foreign country) COVINGTON, KY		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME MARCUS HALL		13b. MOTHER'S MAIDEN NAME FANNIE STUART		14. NAME OF HUSBAND OR WIFE MARGARET HALL	
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'S SIGNATURE OR NAME ADDRESS MARGARET HALL 5827 PEERY K.E.MO	

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) Pulmonary Embolus		ANTECEDENT CAUSES		334 1/2	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Hypertension			
		DUE TO (c) Cerebral Isopleisy			
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"/>	
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) (Min.)		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 6 June, 1950, to 27 June, 1950, that I last saw the deceased alive on 6-27, 1950 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Frederick A. Trefler (Degree or title) Dr. Frederick A. Trefler D.O.		23b. ADDRESS 5520 Truman Rd.		23c. DATE SIGNED 6-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 30, 1950		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEM.	
				24d. LOCATION (City, town, or county) (State) INDEPENDENCE, MO.	

DATE REC'D BY LOCAL REG. 6-29-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS OTT & MITCHELL INDEP. MO.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

MAR 20 1956

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 me

working under my personal supervision.

Student Embalmer No.....

Signed

Henry H. Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. 3925

P. O. Address. INDEPENDENCE, MO.

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.