

FILED JAN 6 1951 STANDARD CERTIFICATE OF DEATH

State File No. 41158

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 55568 Registrar's No. 493

1. PLACE OF DEATH a. COUNTY Jackson Rural (Blue)		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) Inter-City		c. CITY (If outside corporate limits, write RURAL and give township) Inter-City Rural 0	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 2249 Blue Ridge (Blue)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2249 Blue Ridge			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Wallace	c. (Last) Hall	4. DATE OF DEATH (Month) (Day) (Year) Dec 25 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 15, 1884	9. AGE (In years last birthday) 66	if UNDER 1 YEAR Months 10	if UNDER 24 HRS Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) Auto Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (State or foreign country) Sedalia, Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Howard Hall	13b. MOTHER'S MAIDEN NAME Sela Harby	14. NAME OF HUSBAND OR WIFE Alma Pearl Hall
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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) No	16. SOCIAL SECURITY NO 487-09-4530	17. INFORMANT'S SIGNATURE OR NAME Miss Vivian Hall	ADDRESS 2249 Blue Ridge
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 4:20!		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sudden death			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no Post Mort	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., for 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 \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Quinn	(Degree or title) Corner	23b. ADDRESS 1039 Riata Blvd	23c. DATE SIGNED 12-28-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 27, 1950	24c. NAME OF CEMETERY OR CREMATORY Floral Hills	24d. LOCATION (City, town, or county) (State) Jackson County Mo
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DATE REC'D BY LOCAL REG. Dec. 27-1950	REGISTRAR'S SIGNATURE James G. Gargo	354	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) Dexter L. Taylor 26
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 4 RECD

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. 412

working under my personal supervision.

Student fason T. White  
Student Embalmer

Signed Dwight L. Kaylor

Licensed Embalmer No. 4225

P. O. Address Indep. me

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.