

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12590
1738

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1738</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>703 E. 9th st.</u>				d. STREET ADDRESS (If rural, give location) <u>703 E. 9th st.</u> <u>3138</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) _____		c. (Last) <u>Halliday</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20th 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 1st. 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>CLERICAL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pickwick Building</u>		11. BIRTHPLACE (State or foreign country) <u>Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>David Halliday</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Kelly</u>		14. NAME OF HUSBAND OR WIFE <u>Veronica Halliday</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY # <u>187 12 5738</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Veronica Halliday 703 E. 9th. K.C. Mo.</u>			
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) <u>CORONARY THROMBOSIS</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.				INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 <u>4-15</u> , 19 <u>51</u> , to <u>4-15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-15</u> , 19 <u>51</u> , and that death occurred at <u>5:20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward P. Altomare MD</u> (Degree or title)				23b. ADDRESS <u>1030 E Pacific K.C. Mo</u>		23c. DATE SIGNED <u>4-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>4/20/51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Wilkes-Barre, Penn.</u>	
DATE REC'D BY LOCAL REG. <u>4-21-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John A. Ferguson K.C. Mo</u>			

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

✓
MAR 18 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Peter A. [Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 4773

P. O. Address K C 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.