

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1279

State File No. 432
 Registrar No. 432

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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| 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) OR TOWN KANSAS CITY | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RAYTOWN | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital | | d. STREET ADDRESS (If rural, give location) 10113 EAST 63 RD STREET | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) C. c. (Last) Hall | | | 4. DATE OF DEATH (Month) (Day) (Year) JAN-25-1952 | | |
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|-------------|------------------------|--|------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JAN-16-1886 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-------------|------------------------|--|------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AGENT (STATION) | 10b. KIND OF BUSINESS OR INDUSTRY ROCK ISLAND R.R. | 11. BIRTHPLACE (State or foreign country) POYNOR MISSOURI | 12. CITIZEN OF WHAT COUNTRY? USA. |
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| 13a. FATHER'S NAME UNKNOWN HALL | 13b. MOTHER'S MAIDEN NAME ELIZABETH DIZMONG | 14. NAME OF HUSBAND OR WIFE MRS. DONA HALL |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. DONA HALL 10113 EAST 63 RD ST. RAYTOWN MISSOURI |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion (acute) | | INTERVAL BETWEEN ONSET AND DEATH 1 hr 3 yrs 4/20 |
| | * ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Coronary insufficiency rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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 1-24-1952, to 1-25-1952, that I last saw the deceased alive on 1-25-1952, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) D.M. Eubank MD | 23b. ADDRESS Raytown Mo | 23c. DATE SIGNED 1-26-52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE JAN. 28, 1952 | 24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
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| DATE REC'D BY LOCAL REG. 1-28-52 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.V. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY MO |
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(Licensed Embalmer's Statement of Reverse Side)

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

11-11-21; 1:30-5

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 Edward M. Storey

Signed.....
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.