

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24475**
REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3062**

S. No. 300
v. 10.48

DEATH AUG 1 1952

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

| | | | |
|---|-------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. LENGTH OF STAY (If this place) 21 yrs | |
| c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | d. STREET ADDRESS (If rural, give location) 1230 Denver 3228 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1230 Denver | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Myrtle | | b. (Middle) Rebecca | |
| | | c. (Last) Hall | |
| | | 4. DATE OF DEATH (Month) (Day) (Year) 7/4/52 | |
| 5. SEX Fem | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 2/17/1889 |
| 9. AGE (In years) (last birthday) 63 | | 10. MONTHS 63 DAYS 63 HOURS 63 MIN. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY -- | |
| 11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U | |
| 13a. FATHER'S NAME Mack Jenkins | | 13b. MOTHER'S MAIDEN NAME Mattie Daniels | |
| 14. NAME OF HUSBAND OR WIFE A. F. 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. no | |
| 17. INFORMANT'S SIGNATURE OR NAME A. F. Hall, 1230 Denver KCMO | | ADDRESS | |
| 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) arteriosclerotic heart disease 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. Diabetes mellitus | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION. | |
| 19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., to 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 6-9 , 19 52 , to 7-8 , 19 52 , that I last saw the deceased alive on 7-3 , 19 52 , and that death occurred at 7:30 P. m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Richard W. Gunn MD (Degree or title) Richard W. Gunn M.D. | | 23b. ADDRESS 6230 Truman Rd K.C., Mo. | |
| 23c. DATE SIGNED 7-5-1952 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7/7/52 | |
| 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | 24d. LOCATION (City, town, or county) (State) Oak Grove Mo. | |
| DATE REC'D BY LOCAL REG. 7-5-52 | | REGISTRAR'S SIGNATURE Geraldine Holmes | |
| 25. FUNERAL DIRECTOR'S SIGNATURE John P. Shell, K. C. Mo. | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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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.

Student
Student Embalmer

Signed _____

John P. [Signature]
Licensed Embalmer No. *3625*

P. O. Address *KC 40*

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.