

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24476**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3341

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>36 years</u>		3908	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1109 East 77th Street</u>		d. STREET ADDRESS (If rural, give location) <u>1109 East 77th Street</u>	

3. NAME OF DECEASED (Type or Print) <u>William</u> a. (First) <u>FRANK</u> b. (Middle) <u>NALL</u> c. (Last)	4. DATE OF DEATH <u>JULY 22-1952</u> (Month) (Day) (Year)
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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. 7-1884</u>	9. AGE (In years last birthday) <u>65</u> 6/ <u>6</u> 1/ <u>6</u> 1/ <u>6</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wood Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own shop</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bates County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.M.</u>
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13a. FATHER'S NAME <u>Charles Pascal Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Addie HULLS</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Alice Hall</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-034451A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dora Alice Hall</u> ADDRESS <u>1109 E. 77th St.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER PROSTATE</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>2 yrs.</u> <u>1778</u>
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19a. DATE OF OPERATION <u>5</u>	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 June 16, 1952 to July 22, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

23. SIGNATURE <u>P.C. Quistgard, M.D.</u> (Degree or title)	23b. ADDRESS <u>6221 Prospect Ave</u>	23c. DATE SIGNED <u>July 23 1952</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 24 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>7-24-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmead</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer's Sons</u> ADDRESS <u>1931 Brush Creek Kansas City, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JA 4793
- 1:00 PM.

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 Bernard L. Horan

Licensed Embalmer No. 4250

P. O. Address M O 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.