

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

31889  
 State File No. 4311  
 Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>16 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>LaSalle Hotel</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LaSalle Hotel</b>		3496	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hallie</b> b. (Middle) <b>F.</b> c. (Last) <b>STONE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 29, 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 19, 1903</b>	9. AGE (In years last birthday) <b>49</b>	10. MONTHS <b>19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Seymore, Missouri</b>	
13a. FATHER'S NAME <b>Homer Hogan</b>			13b. MOTHER'S MAIDEN NAME <b>Frances Polson</b>		14. NAME OF HUSBAND OR WIFE <b>Ralph Stone</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>496-01-4277</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Ralph Stone, LaSalle Hotel, K.C., Mo.</b>		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed Skull</b>		DUE TO (b) <b>Fr &amp; femur + RT Tibia</b>			<b>9306 45</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (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.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>123</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide?</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>State</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <b>9-29-52</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell on head out of window</b>

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b>	(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>1034 Rio Vista Blvd</b>	23c. DATE SIGNED <b>9-30-52</b>
24a. DATE <b>10-1-52</b>	24b. NAME OF CEMETERY OR CREMATORY <b>Burial</b>	24c. LOCATION (City, town, or county) (State) <b>Seymore, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>10-2-52</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar, Kansas City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

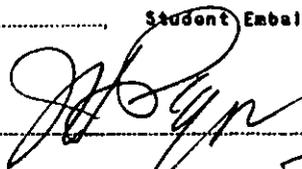
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.