

FILED NOV 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38696

State File No. 4935  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Kansas b. COUNTY Shawnee		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Topeka 8150 X	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Provident Hosp.		d. STREET ADDRESS (If rural, give location) 417 Lime 8 X		
3. NAME OF DECEASED (Type or Print) a. (First) CHESTER		b. (Middle)	c. (Last) HALL	4. DATE OF DEATH Nov. 11, 1952
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Feb. 24, 1918	9. AGE (In years last birthday) 34
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Red Cap Janitor		10b. KIND OF BUSINESS OR INDUSTRY U. P. R. Railroad	11. BIRTHPLACE (State or foreign country) McFallen, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ira Hall		13b. MOTHER'S MAIDEN NAME Hattie Pride	14. NAME OF HUSBAND OR WIFE Rosetta 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. 510-18-0999	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rosetta Hall - 417 Lime, Topeka, Kan.		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub Arterial Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) crushing injury chest + Hemorrhage, left. DUE TO (c) multiple rib fractures II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto + transport truck			INTERVAL BETWEEN ONSET AND DEATH  E 8101 26
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 815		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Wamego Pottawatomie Kans.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-8-52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto + truck collision		
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.				
23. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo C Kealhofer not Deputy Coroner 3		23b. ADDRESS 4030 Broadway St. Topeka		23c. DATE SIGNED 11-12-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5	24b. DATE 11/12/52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Topeka Kansas	
DATE REC'D BY LOCAL REG. 11-12-52	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE E. Sterling Belk	ADDRESS 1212 Vine St.	

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*E. Sterling Bills*

Signed.....  
Student Embalmer

Licensed Embalmer No.....3178

P. O. Address 1212 Vine St., Kansas City

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.

at 11/11/11 I was