

FILED FEB 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5965
742

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 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 Kansas City		
c. LENGTH OF STAY (in this place) 70 yrs.		d. STREET ADDRESS (If rural, give location) 3119 Park		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3119 Park		3548		
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude		b. (Middle) E.		c. (Last) HALL
4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1953				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 10-8-74	9. AGE (In years last birthday) 78 OF UNDER 1 YEAR: Months Days OF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. School Teacher		10b. KIND OF BUSINESS OR INDUSTRY KC, Mo.		11. BIRTHPLACE (City and State or Foreign Country) Warrensburg, Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME William F. Hall		13b. MOTHER'S MAIDEN NAME Jennie N. Stearns		14. NAME OF HUSBAND OR WIFE NONE
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank B. Hall, 3832 Troost, K. C., Mo.
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) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Coronary Thrombosis DUE TO (c) Hypertensive & Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis 10 Yrs.		INTERVAL BETWEEN ONSET AND DEATH 3 Hours.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4250		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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 Feb. , 1951, to 2 Feb , 1953, that I last saw the deceased alive on 2 Feb , 1953, and that death occurred at 11:55 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE Philip G. Kaul (Degree or title) MD.D.		23b. ADDRESS 411 Nichols Road		23c. DATE SIGNED 3 Feb. 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-6-53		24c. NAME OF CEMETERY OR CREMATORY ELMWOOD
24d. LOCATION (City, town, or county) (State) K.C. MO.				
DATE REC'D BY LOCAL REG. 2-4-53		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.

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

Glen S. Heath

Licensed Embalmer No. 4063

P. O. Address K. C. 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.