

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21696**Registrar's No. **3082**

FILED JUL 9 - 1953

|  |  |   |   |  |
|--|--|---|---|--|
| BIRTH NO.  |  | REG. DIST. NO. <b>149</b>   | PRIMARY REG. DIST. NO. <b>1002</b>  | Registrar's No. <b>3082</b>  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )  |  | c. LENGTH OF STAY (in this place) <b>24 yrs.</b>  | c. CITY OR TOWN <b>Kansas City</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1718 Montgall</b>   |  | e. STREET ADDRESS (If rural, give location) <b>1718 Montgall 3248</b>   |   |  |
| 3. NAME OF DECEASED (Type or Print) <b>Samuel Rall</b>   |  | a. (First)  | b. (Middle)   | c. (Last)  |
| 5. SEX <b>2</b> Male   |  | 6. COLOR OR RACE <b>Colored</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>             | 8. DATE OF BIRTH <b>May 23, 1896</b>                                     |
| 9. AGE (In years last birthday) <b>57</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Morrilton, Arkansas</b>     | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                                  |
| 13a. FATHER'S NAME <b>John Rall</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Eliza Michian</b>  | 14. NAME OF HUSBAND OR WIFE <b>Mirtha Rall</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>496-09-1301</b>  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mirtha Rall</b> ADDRESS <b>1718 Montgall</b> |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b><br><b>hypertensive heart disease</b><br><b>Malignant hypertension</b><br>DUE TO (b) <b>Cerebral apoplexy</b><br>DUE TO (c) <b>9</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>441 X</b>                         |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 <b>May 30, 1953</b> to <b>June 12, 1953</b> that I last saw the deceased alive on <b>June 12, 1953</b> and that death occurred at _____ m., from the causes and on the date stated above. |  |   |   |  |
| 23a. SIGNATURE <b>James E. Griffin</b>   |  | 23b. ADDRESS <b>3833 P. School</b>  |   | 23c. DATE SIGNED <b>6/15/53</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |  | 24b. DATE <b>6/18/53</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Morrilton, Arkansas</b>            |
| 24d. LOCATION (City, town, or county) (State)  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Reed</b> ADDRESS <b>18th &amp; Benton</b>  |   |  |
| DATE REC'D BY LOCAL REG. <b>6-17-53</b>  |  | REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>  |   |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
James E. Griffin D.O. Jr.

ar 4650

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..... Signature of Student Embalmer

Signed..... Bruce F. Watkins

Licensed Embalmer No. 450

P. O. Address 18th & Blaine

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.