

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8682

State File No.

BIRTH NO. FILED MAR 25 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1061

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">5 yrs.</p>		c. CITY OR TOWN <p style="text-align: center;">Kansas City</p>	
d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">5331 Highland Little Sisters of the Poor</p>					
3. NAME OF DECEASED (Type or Print)		a. (First) <p style="text-align: center;">JULIA</p>		b. (Middle) <p style="text-align: center;">Theopol.</p>	
		c. (Last) <p style="text-align: center;">HALL</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">3 9 54</p>	
5. SEX <p style="text-align: center;">Female</p>		6. COLOR OR RACE <p style="text-align: center;">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed 2</p>	
8. DATE OF BIRTH <p style="text-align: center;">April 7, 1866</p>		9. AGE (In years last birthday) <p style="text-align: center;">87</p>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">At home</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Martin's Ferry, Ohio</p>	
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>		13a. FATHER'S NAME <p style="text-align: center;">William Boyle</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Margaret Muldoon</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Joe Hall</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Sister Bernadette, 5331 Highland, K.C.MO.</p>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Crown Atherosclerosis</p>			INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">12 hrs</p>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">Crown Atherosclerosis</p>			2 yr
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p style="text-align: center;">Arteriosclerosis</p>			20 yr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">4201</p>			20. AUTOPSY? 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 <u>3/19/50</u> , 19___, to <u>3/9/54</u> , 19___, that I last saw the deceased alive on <u>3/8/54</u> , 19___, and that death occurred at ___ m., from the causes and on the date stated above.					
23. SIGNATURE <p style="text-align: center;">Joseph A. Fogarty</p>		23b. ADDRESS <p style="text-align: center;">402 Northman St. G316</p>		23c. DATE SIGNED <p style="text-align: center;">3/9/54</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Removal</p>		24b. DATE <p style="text-align: center;">3-9-54</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Adair</p>	
24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Adair County, Missouri</p>		DATE REC'D BY LOCAL REG. <p style="text-align: center;">3-9-54</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Geraldine Smith</p>	
25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">STINE & McCLURE UND. CO.</p>		ADDRESS <p style="text-align: center;">K.C.MO.</p>			

J. A. Fogarty, D.D.
Wirthman Bldg.
Lo. 1207

100 77

After 12:30 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.....
Signature of Student Embalmer

Signed.....
J. T. Crowell

Licensed Embalmer No...49...

P. O. Address...K.C. Miami...

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.