

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23559**

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **13**

1. PLACE OF DEATH
a. COUNTY **Lawrence**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mt. Vernon, Mo.**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Missouri State Sanatorium**

STREET ADDRESS (If rural, give location) **2027 Kansas Avenue** **2339**

3. NAME OF DECEASED
a. (First) **James** b. (Middle) **W.** c. (Last) **Hall**

4. DATE OF DEATH (Month) (Day) (Year) **July 17, 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **9-11-78**

9. AGE (In years last birthday) **75**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer & Salesman**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Kentucky**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **James P. Hall**

13b. MOTHER'S MAIDEN NAME **Sophia Kimsey**

14. NAME OF HUSBAND OR WIFE **Carrie 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. **no**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **San. records, Mo. State San., Mt. Vernon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **carcinoma of esophagus, with metastasis to both lungs**

ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **NOX**

INTERVAL BETWEEN ONSET AND DEATH **abt. 11 mo.**

19a. DATE OF OPERATION **6-30-54**

19b. MAJOR FINDINGS OF OPERATION **Ca. of Esophagus.**

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-15-** 19**54**, to **7-17-** 19**54**, that I last saw the deceased alive on **7-17-** 19**54**, and that death occurred at **2:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C. A. Brush M.D.**

23b. ADDRESS **Mt. Vernon, Mo.**

23c. DATE SIGNED **7-19-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **7-19-54**

24c. NAME OF CEMETERY OR CREMATORY **Hennessey Cemetery**

24d. LOCATION (City, town, or county) (State) **Hennessey Oklahoma**

DATE REC'D BY LOCAL REG. **7-17-54**

REGISTRAR'S SIGNATURE **Cecil Hendricks**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wm L Foreatt Mt Vernon, Mo.**

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

AUG 26 1950

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 *Max L. Fossett*

Licensed Embalmer No. *425*

P. O. Address *Wichita*

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.