

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27334

3346

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City, Mo.
c. LENGTH OF STAY (In this place) 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Longs Rest Home 1441 Indep. Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas b. COUNTY Wyandotte
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.
d. STREET ADDRESS (If rural, give location) 2564 Alden 8150 8

3. NAME OF DECEASED (Type or Print)
a. (First) Orvezene b. (Middle) ----- c. (Last) Hall
4. DATE OF DEATH July 14, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Nov. 16, 1878 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work 10b. KIND OF BUSINESS OR INDUSTRY Her Self 11. BIRTHPLACE (State or foreign country) Mountain Home, Arkansas 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Woods Lewis 13b. MOTHER'S MAIDEN NAME Marguerite Blevins 14. NAME OF HUSBAND OR WIFE Dr. W. J. Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----- 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. W. A. Campbell 2564 Alden K.C. Kansas ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) -----
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 3 yrs 3 yrs 4500

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19c. 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 5-3-54, 19, to 7-14-54, that I last saw the deceased alive on 7-14-54, 19, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Frank Paul Laurens 23b. ADDRESS 428 South White Ave 23c. DATE SIGNED 7-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 16, 1954 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. 7-15-54 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE Echternacht FUNERAL HOME 1318 OLINDARO BLVD. KANSAS CITY 2, KANSAS

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

Dr. Laurence
Long's West Hall
141 Indep. Q. No.

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

Harold L. Ethernacht

Licensed Embalmer No. 3035

P. O. Address

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.