S. No. 300
. 10-48

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1354

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 65 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3021 Garfield Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle): Franklin
c. (Last): Hale

4. DATE OF DEATH (Month) (Day) (Year): Jan 1, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Aug 2, 1882
9. AGE (In years last birthday): 73 — 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): Retired-Pumping Station Opr.
10b. KIND OF BUSINESS OR INDUSTRY: K.C. Power+Light Co.
11. BIRTHPLACE (City and State or Foreign Country): Lawson, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John W. Hale
13b. MOTHER'S MAIDEN NAME: Sarah E Thomas
14. NAME ~~OF HUSBAND~~ OR WIFE: Maude E. Hale

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.: 487-01-0441
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Maude E. Hale — ADDRESS: 3021 Garfield Ave. Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastasis Ca to Lungs — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Adeno-carcinoma Colon — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 153X

19a. DATE OF OPERATION: 12-6-55
19b. MAJOR FINDINGS OF OPERATION: Adeno carcinoma Hepatic Flexture Colon
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) m.
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* Nov, 1954, *to* Jan 1, 1956, *that I last saw the deceased alive on* Jan 1, 1956, *and that death occurred at* 7:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl N. Lindquist M.D
23b. ADDRESS: 106 W 14th. K.C. Mo
23c. DATE SIGNED: 1-3-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 4. 1956
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Mt. Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 1-4-56
REGISTRAR'S SIGNATURE: Neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomers Sons — ADDRESS: 1331 Brush Creek Kansas City, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Carl N. Lindquist

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward M. Stone

Licensed Embalmer No. 445

P. O. Address K. C. 10

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.