

FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4819**  
**678**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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, Mo.</b> )		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>54 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>33 3106 E 23rd Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>J.</b> c. (Last) <b>HALBERT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 13 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 28, 1902</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Commercial Pressman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Printing</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>William Halbert</b>	13b. MOTHER'S MAIDEN NAME <b>Nettie Cahill</b>	14. NAME OF HUSBAND OR WIFE <b>Esther Halbert</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>486-07-8049</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Esther Halbert 3106 E. 23rd Street</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		<b>1 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephrosclerosis</b> DUE TO (c) <b>Hypertension</b>		<b>2 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Lytic aortic aortic insufficiency</b>		<b>3 years</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 June 13, 1947, to Feb 13, 1956, that I last saw the deceased alive on Feb 13, 1956, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Hubert M. Parker M.D.</b>	23b. ADDRESS <b>306 E 12</b>	23c. DATE SIGNED <b>2-14-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-16-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>

DATE REC'D BY LOCAL REG. <b>2-14-56</b>	REGISTRAR'S SIGNATURE <b>Neve Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Bylar 1800 E. Linwood</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Hubert M. Parker

Dr. H. M. Park  
Argyle Bldg  
Vi 2-3233  
all afternoon

**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 *James E. Kaufman*

Licensed Embalmer No. *452*  
P. O. Address *K.C., Mo.*

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.