

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16691

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 days</u>		e. STREET ADDRESS (If rural, give location) <u>RR 3, East Truman Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>B</u> c. (Last) <u>Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 1956</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 13, 1893</u>	9. AGE (In years last birthday) <u>62</u>	10. IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mayview, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Bazil Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Summers</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Alice Hall</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>196 10 0110</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Hall, Independence, Mo.</u>	ADDRESS _____
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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, asthma, 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) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Hypertension</u>		<u>2 day</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis</u>		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Epistaxis, Hemiplegia et.</u>		?
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) <u>Independence (Missouri)</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 23 May, 1956, to 26 May, 1956, that I last saw the deceased alive on 25 May, 1956, and that death occurred at 8:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Anderson</u>	23b. ADDRESS <u>Independence</u>	23c. DATE SIGNED <u>5/26/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/28/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oak Grove, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-28-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Independence, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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..... *Tom D Marklan*

Licensed Embalmer No. *45*

P. O. Address *Indep*

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.