

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23741

State File No. ....

FILED AUG 8 - 1956

3128

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

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 township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>68 Years</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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>42 2739 Forest Avenue</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL</b>		b. (Middle) _____		c. (Last) <b>HALL</b>	
4. DATE OF DEATH <b>JULY 17, 1956</b>		5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 19, 1887</b>		9. AGE (In years last birthday) <b>68</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Leritz Transfer Co.</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>JOHN HENRY Hall</b>		13b. MOTHER'S MAIDEN NAME <b>IDA RUTLEDGE</b>	
14. NAME OF <del>HUSBAND</del> WIFE <b>MRS. ALICE P. HALL</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-07-7901</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. ALICE P. HALL</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Coronary Heart Failure</b> <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		19. ADDRESS <b>2739 Forest Kansas City Mo.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Failure</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis Heart Disease</b>		DUE TO (b) _____		DUE TO (c) _____	
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 <u>6-7-56</u> , 19 <u>56</u> , to <u>7/16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7/16</u> , 19 <u>56</u> and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Martin P. Hunter M.D.</b>			23b. ADDRESS <b>1408 Waldheim Bldg</b>		23c. DATE SIGNED <b>7/19/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 19, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		DATE REC'D BY LOCAL REG. <b>7-19-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>O.H. Newcomer</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY MO.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Martin P. Hunter

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.....  
*Basil V. Honey*

Licensed Embalmer No. *472*

P. O. Address *D.C., 97*

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.