

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

31886
3876

State File No.

No. 300
10.48

FILED SEP 16 1957

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>3876</u>
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>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	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 <u>ST. MARY'S HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>1010 EAST 33RD STREET</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u> b. (Middle) <u>A.</u> c. (Last) <u>HALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST-16-1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <u>NEVER MARRIED, WIDOWED, DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>—</u>	9. AGE (In years last birthday) <u>66</u> 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) <u>Secretary-motor carrier weighing co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm. Hall</u>		
13b. MOTHER'S MAIDEN NAME <u>McCave</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-14-4605</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Don E. Hall, Keokuk Iowa</u> ADDRESS _____
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>perforating pulmonary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>thrombosis of right femoral vein</u> DUE TO (c) <u>Carcinoma of Cecum</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hiatus hernia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>153X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>7-2</u> , 19 <u>57</u> to <u>8-16</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>8-16</u> , 19 <u>57</u> , and that death occurred at <u>5:45</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>H. H. Owens M.D.</u>		23b. ADDRESS <u>1034 Walnut Blk.</u>		23c. DATE SIGNED <u>8-17-57</u>
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>AUG-17-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS, MISSOURI</u>
24d. LOCATION (City, town, or county) (State) <u>MEMPHIS, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer Iowa</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>		
DATE REC'D BY LOCAL REG. <u>8-18-57</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
H. H. Owens

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Miss
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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 *Chester K Brown*.....

Licensed Embalmer No. *492*

P. O. Address *K E M*

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.