t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35995

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4869

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: WHEATLEY HOSPITAL — Length of stay in 1b: 35 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1824 Paseo — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: HALLIE Middle: P. Last: MACK

4. DATE OF DEATH Month, Day, Year: October 18, 1957

5. SEX: Male

6. COLOR OR RACE: N gro

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [X]

8. DATE OF BIRTH: Feb. 27, 1894

9. AGE (In years last birthday): 63 yrs. — 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): Funeral Director

10b. KIND OF BUSINESS OR INDUSTRY: Watkins Bros. Fn. Hm.

11. BIRTHPLACE (City and state or country): Bunston, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Hirow F. Mack

13b. MOTHER'S MAIDEN NAME: Mamie Carter

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: 487-05-8261

17. INFORMANT: Alvy F. Mack Address: 3105 Della Alton, Illinois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hepatic Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: 7 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cirrhosis of Liver
DUE TO (c): 5810
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-18-57 to 10-18-57 and last saw her/him alive on 10-18-57
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. W. Alexander MD — **22b. ADDRESS:** 1512 N. [illegible] — **22c. DATE SIGNED:** 10-21-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE:** 10-22-57 — **23c. NAME OF CEMETERY OR CREMATORY:** Pilot Grove — **23d. LOCATION** (City, town, or county) (State): Pilot Grove, Missouri

24. FUNERAL DIRECTOR: Watkins Bros. Funeral Home — **ADDRESS:** 18th & Benton Blvd.

25. DATE RECD. BY LOCAL REG.: 10-21-57 — **26. REGISTRAR'S SIGNATURE:** Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C.W. Alexander MD

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 Bruce R. Watkins

Licensed Embalmer No. 45 w

P. O. Address 18th & Benton

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.