

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1260

STATE FILE NUMBER
202

FILED FEB 3 1958

Registration District No. 149 Primary Registration District No. 1502

Registrar's No. 202

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	f. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) 3215 CAMPBELL STREET		d. STREET ADDRESS 3405 BELLEFONTAINE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARTHA Middle T. Last HALL			4. DATE OF DEATH Month JANUARY Day -12- Year 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOVEMBER-15, 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SWEET SPRINGS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME William C. Hall		13b. MOTHER'S MAIDEN NAME Ella walton		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT Joseph H. Hall Address Bellefontaine 3405	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumo pneumonia			INTERVAL BETWEEN ONSET AND DEATH 5 days 3 years 500
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis			
DUE TO (c)			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION June 11, 1958 to Jan 12, 1958 and last saw her alive on January 11, 1958 Death occurred at 12:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
21. I attended the deceased from	22a. SIGNATURE (Degree or title) Flora E. Mac	22b. ADDRESS 4620 Nichols Hwy	22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/12/58	23c. NAME OF CEMETERY OR CREMATORY Fairview Cem.	23d. LOCATION (City, town, or county) (State) Sweet Springs, Mo.
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 1-14-58	26. REGISTRAR'S SIGNATURE neva minshall	

(Licensed Embalmer's Statement on Reverse Side)

FLORANCE E. MAC
MEDICAL CERTIFICATION
USING ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of disease in Part I must be causally related.

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 *Thomas W. Thurman*

Licensed Embalmer No. *4288*

P. O. Address *A.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.