Health, Welfare Public Service

300 0
-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1958

58-005548
STATE FILE NUMBER 876

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

| | |
|---|---|
| 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 OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ] | c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ] |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Research — Length of stay in 1b: 4 Yrs. | d. STREET ADDRESS (If outside, give location): 6811 Walrond — Reside on Farm: Yes [ ] No [X] |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: GUY | Middle: E. | Last: HALL | 4. DATE OF DEATH: Month Feb. Day 17, Year 1958 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] | 8. DATE OF BIRTH: 12-28-1884 | 9. AGE (In years last birthday): 73 — 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): Retired, Ceramic Tile | 10b. KIND OF BUSINESS OR INDUSTRY: Contractor | 11. BIRTHPLACE (City and state or country): Manson, Iowa | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME: John Hall | 13b. MOTHER'S MAIDEN NAME: Unknown | 14. NAME OF HUSBAND OR WIFE: Alene Hall | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1905-1908 | 16. SOCIAL SECURITY NO. 496-01-4716 | 17. INFORMANT: Mrs. Alene Hall | Address: K. C. Mo. | |

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): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: a few days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Coronary arteriosclerosis — ?

DUE TO (c): — 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Previous myocardial infarction a few years ago. Severe Pulmonary Emphysema - for last 20 years

19. WAS AUTOPSY PERFORMED? YES [X] 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 June 15 1939 to Feb 17 1958 and last saw him alive on Feb 16, 1958

Death occurred at 7:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carl R. Ferris M.D.

22b. ADDRESS: 535 Argyle Bldg. Kansas City Missouri

22c. DATE SIGNED: Feb 18, 1958

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: 2-19-58 | 23c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah | 23d. LOCATION (City, town, or county) (State): Kansas City, Mo. |
| 24. FUNERAL DIRECTOR: Freeman Mortuary | ADDRESS: K. C. Mo. | 25. DATE RECD. BY LOCAL REG.: 2-18-58 | 26. REGISTRAR'S SIGNATURE: Neva Minshall |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Carl R. Ferris

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be accepted. All diseases in Part I must be causally related.

Dr. Carl Sievers
Copyright Body
2-5

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 Elmer E. Freeman

Licensed Embalmer No. 481

P. O. Address Kansas City, 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.