

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009964
STATE FILE NUMBER
1082

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1082

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
H. P. Boughton

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"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6040 Wornall Road		Length of stay in lb 74 years	d. STREET ADDRESS (If outside, give location) 5028 Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MR. BERTRAND M. HALL			4. DATE OF DEATH Month Feb. Day 26, Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 4, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Country Club Laundry & Cleaning		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 83 F UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) Carlinville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Hall		13b. MOTHER'S MAIDEN NAME Sara Ann Marvin	14. NAME OF HUSBAND OR WIFE Lula B. Hall
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. 495-05-3264	17. INFORMANT Address Mrs. Lloyd L. Hotchkiss 6040 Wornall Rd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia; Fractured hip; Cerebral arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH Pneumonia 2/28/58 890:7
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			
20a. ACCIDENT <input checked="" 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.) fell on floor	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 12-18-57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nursing Home	20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Missouri
21. I attended the deceased from May 19, 1956 to February 26, 1958 and saw her alive on February 26, 1968 ✓ Death occurred at Sight p. m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. P. Boughton, M.D. (Degree or title)		22b. ADDRESS 315 Nichols Rd, Kansas City, Mo.	22c. DATE SIGNED 2/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Stine & McClure Und. Co., K. C., Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 2-28-58	26. REGISTRAR'S SIGNATURE neva minshall



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 *William M. Jurnell*

Licensed Embalmer No. *4648*
P. O. *Lawson City, 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.