

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-010340  
STATE FILE NUMBER

FILED APR 2 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1108 Harris St.</b>		Length of stay in lb <b>57 yrs.</b>	
d. STREET ADDRESS <b>4714 E. 18th. St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Alfred F. Hall</b>			4. DATE OF DEATH <b>March 24, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 21, 1900</b>
9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Forman - T. &amp; W. Mfg. Company</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Milan, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>George W. Hall</b>		13b. MOTHER'S MAIDEN NAME <b>Colvia Leslie</b>	14. NAME OF HUSBAND OR WIFE <b>Flora Hall</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-09-5480</b>	17. INFORMANT Address <b>Mrs. Flora Hall 4714 E. 18th. St.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Anemia, Cachexia.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Metastatic Carcinoma</b> DUE TO (c) <b>Bronchiogenic Carcinoma Rt Lung (Out Cell)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b> <b>2 mths</b> <b>6 mths</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1621</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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		COUNTY STATE	
21. I attended the deceased from <b>10-16-57</b> to <b>3-24-58</b> and last saw him alive on <b>3-21-58</b> Death occurred at <b>10:55 Am</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. M. Knight M.D.</b>		22b. ADDRESS <b>3401 E 12th KC Mo</b>	
22c. DATE SIGNED <b>3-24-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Mar. 26, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Earp &amp; Sons 4707 Truman Rd. K. C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-26-58</b>	26. REGISTRAR'S SIGNATURE <b>J. M. Knight</b>

(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

MEDICAL CERTIFICATION

300  
1-57

MAR 31 1958

APR 11 1958

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 F. Euge* .....

Licensed Embalmer No. *4728* .....

P. O. Address *W. E. Moore* .....

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.