

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018226

STATE FILE NUMBER

FILED JUN 5 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2508

S. 300
1-57

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"/>	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 Gen. Hospital		Length of stay in lb 6 wks.	d. STREET ADDRESS 2608 Holmes Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Mary		First Mary Middle Last Hale	4. DATE OF DEATH Month May Day 16 Year 1958
5. SEX Female	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 Dec 5, 1891
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 5 Days 11	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Eureka Springs, Ark
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Harryman	
13b. MOTHER'S MAIDEN NAME Elizabeth		14. NAME OF HUSBAND OR WIFE John Hale	
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 JOHN HALE Address Holden, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction in all appearances			INTERVAL BETWEEN ONSET AND DEATH 4201
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 (a)			
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 3-27-58 to May 16-58 and last saw her alive on May 16 1958		Death occurred at 9:25 PM m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE M. A. Burns, M.D. (Degree or title)		22b. ADDRESS Gen Hosp. Kansas City Mo	22c. DATE SIGNED 5-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE May 20-58	23c. NAME OF CEMETERY OR CREMATORY Holden Cent	23d. LOCATION (City, town, or county) (State) Holden Mo
24. FUNERAL DIRECTOR Canada's Rapp ADDRESS Holden Mo		25. DATE RECD. BY LOCAL REG. 5-17-58	26. REGISTRAR'S SIGNATURE Neva Minshall

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

B. I. Burns

1956 JUN 5 NDR

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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 *Samuel B. Papp*

Licensed Embalmer No. *4044*

P. O. Address *Holden*

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.