

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018227  
STATE FILE NUMBER 2453

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

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> <b>4508</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lake Side Hosp</b>		Length of stay in lb <b>3 days</b>	d. STREET ADDRESS (If outside, give location) <b>2019 W 36th St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Ina</b> Middle <b>Eldora</b> Last <b>Hall</b>			4. DATE OF DEATH Month <b>May</b> Day <b>12</b> Year <b>1958</b>	
---	--	--	---	--

5. SEX <b>Female</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>Feb 22 1894</b>	9. AGE (In years at first birthday) <b>64</b>	IF FUNDER 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) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Whetland, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
---	--	---	---

13a. FATHER'S NAME <b>Felix Glazebrook</b>	13b. MOTHER'S MAIDEN NAME <b>Jennie M. Robertson</b>	14. NAME OF HUSBAND OR WIFE <b>Willard H. Hall</b>
---	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, No war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Willard H. Hall</b> Address <b>2019 W. 36th 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>Bilateral Bronchial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5da</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Pyelonephritis</b>	<b>10da</b>
	DUE TO (c) <b>Empyema</b>	<b>6000</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (e)) <b>Gastric Ulcers, Carcinoma of Liver, Abcesses of Spleen</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 o.m. p.m.	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 **5-9-58** to **5-12-58** and last saw her alive on **5-12-58**  
Death occurred at **4:40 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Harold W. Bain</b> (Degree or title) <b>DO</b>	22b. ADDRESS <b>4150 Baylow Blvd Kansas City, Kansas</b>	22c. DATE SIGNED <b>5-13-58</b>
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/15/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
--	-----------------------------	--	---

24. FUNERAL DIRECTOR <b>Gates Funeral Home Kan City Kan</b>	25. DATE RECD. BY LOCAL REG. <b>5-14-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>
--	--	---

All diseases in Part I must be causally related.  
 Usual occupation, cause of death, manner of death, and cause of death must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

Harold W. Bain

JUL 5 1961

95-2-25-00

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 Paul R. Williamson

Licensed Embalmer No. 5-009

P. O. Address Overland Park

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.