

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018378

STATE FILE NUMBER

FILED JUN 5 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2510

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8501 E 79		Length of stay in lb 5 Years	d. STREET ADDRESS (If outside give location) 8501 E 79
3. NAME OF DECEASED (Type or print) First Middle Last Hal Eugene Midkiff			4. DATE OF DEATH Month Day Year May 16, 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 Feb 11, 1884
9. AGE (In years) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) Railroad Switchman	
11. BIRTHPLACE (City and state or country) Salt Rock, St. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Major Midkiff		13b. MOTHER'S MAIDEN NAME Sarah Ellen Gordon	
14. NAME OF HUSBAND OR WIFE Hillo Midkiff		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, state branch and years of service) Yes A.M.I.	
16. SOCIAL SECURITY NO. 707-10-0247		17. INFORMANT Hillo Midkiff 8501 E 79 St. Louis, 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) Cerebral metastasis of Carcinoma			INTERVAL BETWEEN ONSET AND DEATH 10+ days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis			6 mts to 1 yr.
DUE TO (c) Malignant nephroma.			180x 2+ years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized debility			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from 4-29-58 to 5-16-58 and last saw her alive on 5-10-58 Death occurred at 4:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Robert K. Russell		22b. ADDRESS Raytown, Mo.	
22c. DATE SIGNED 5-17-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE May 19, 1958		23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cem.	
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. (State)	
24. FUNERAL DIRECTOR Clark Hegent		25. DATE RECD. BY LOCAL REG. 5-17-58	
ADDRESS Raytown Mo.		26. REGISTRAR'S SIGNATURE Ivera 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
MEDICAL CERTIFICATION
Robert K. Russell

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 *D. Clark Hegert*

Licensed Embalmer No. *3983*

P. O. Address *Paytown, 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.