

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029130  
State File No. ....

FILED AUG 27 1958

BIRTH NO. <u>with 149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3842</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City Mo</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Luke's Hospital</u>			STREET ADDRESS (If rural, give location) <u>4235 Locust St.</u>		
3. NAME OF DECEASED a. (First) <u>Alice</u>		b. (Middle) <u>L.</u>	c. (Last) <u>Halt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8 1958</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 14, 1879</u>	9. AGE (In years last birthday) <u>84</u>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Hazel</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte</u>	14. NAME OF HUSBAND OR WIFE <u>William B. Halt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Sanders - 2136 Butler Ave.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURE LEFT FEMUR, INTERCOSTALIC TRAUMATIC</u>			INTERVAL BETWEEN ONSET AND DEATH <u>37 d</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BRONCHO PNEUMONIA</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>KANSAS CITY JACKSON MISSOURI</u>		21f. HOW DID INJURY OCCUR? <u>FALL</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jul 2 58 3p.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>2 Jul</u> , 1958, to <u>8 Aug</u> , 1958, that I last saw the deceased alive on <u>7 Aug</u> , 1958, and that death occurred at <u>7:20</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>John F. McDonnell, M.D.</u>		23b. ADDRESS <u>315 Nichols Road, Kansas City, Missouri</u>	23c. DATE SIGNED <u>8 Aug 58</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 19, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Abbey</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL HEALTH DEPT. <u>8-11-58</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stearns &amp; Co. Cluse, Inc. Co. K.C. Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
John F. Mc Donnell

SEP 22 1922

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.....  
*Eugene J. Ferris*

Licensed Embalmer No. 46

P. O. Address R. E. D.

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.