

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044142
State File No.

FILED DEC 18 1958

5482

BIRTH MO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 3 DAYS		c. CITY OR TOWN KANSAS CITY		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 CITY JAIL - K. C., MO.				* STREET ADDRESS (If rural, give location) 46 AUGUST			
3. NAME OF DECEASED (Type or Print) a. (First) MORDANCE O.			b. (Middle) HALL		c. (Last) HALL		4. DATE OF DEATH (Month) (Day) (Year) Nov. 17 1958
5. SEX 2 MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 13, 1920		9. AGE (In years last birthday) 38	IF UNDER 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) LABORER		10b. KIND OF BUSINESS OR INDUSTRY CEMETERY		11. BIRTHPLACE (City and State or Foreign Country) SULPHUR SPRINGS, TEX.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HOSEA HALL		13b. MOTHER'S MAIDEN NAME ELLON HARDIMON		14. NAME OF HUSBAND OR WIFE ALICE HALL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. W.W.II		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALICE HALL 46 AUGUST, K.C., MO.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Congestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Insufficiency. DUE TO (c) Chronic Left Adhesive Pleurisy. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epidermal Desquamation of skin of both legs anterior from ankle to knee cause undetermined.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 5190 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Don't Know			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Deputy Coroner				23b. ADDRESS 1618 Lydia Ave		23c. DATE SIGNED 11/19/58	
24a. BURIAL CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-24-58	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY FT. LEAVENWORTH, KS.		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG 11-20-58		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BROWN-HUDSON K.C., MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

J. M. Tillman



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.....

Licensed Embalmer No.....

P. O. Address

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Fail 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.