

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044175

STATE FILE NUMBER

5854

FILED DEC 30 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5854

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 General Hospital		Length of stay in lb 25 yrs.	d. STREET ADDRESS (If outside, give location) 921 Cherry
3. NAME OF DECEASED (Type or print) First Middle Last SADIE HALLIDAY		4. DATE OF DEATH Month Day Year 12 9 58	
5. SEX Female	6. COLOR OR RACE Wk	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-18-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY @ Home	9. AGE (In years last birthday) 82
11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Huston Morgan Thompson		13b. MOTHER'S MAIDEN NAME Katherine Thompson	
14. NAME OF HUSBAND OR WIFE Frank Halliday		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. no		17. INFORMANT Lillian Fleming - 2722 W 76th St	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with congestive failure DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4 1/2
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		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 11-24-58 to 12-9-58 and last saw her alive on 12-9-58 Death occurred at 9:55 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Abraham Gelperin (Degree or title)		22b. ADDRESS 24th & Cherry	
22c. DATE SIGNED 12-10-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12-11-58		23c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
23d. LOCATION (City, town, or county) K.C.		23e. (State) Mo	
24. FUNERAL DIRECTOR Stone & McClure, K.C. Mo		25. DATE REC'D. BY LOCAL REG. 12-11-58	
26. REGISTRAR'S SIGNATURE never minshell			

All diseases in Part I must be causally related.

Abraham Gelperin USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 L. Kemmer

Licensed Embalmer No. 4633

P. O. Address R. E. M.

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.