Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004847
STATE FILE NUMBER

FILED FEB 19 1959 Registration District No. 3 93 Primary Registration District No. 1002 Registrar's No. 574

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 308 W. TAYLOR — Length of stay in Ib 8 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CLAY
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 308 W. TAYLOR — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Jessie Middle L. Last HALLMARK

4. DATE OF DEATH Month JAN Day 29 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH MAR 22 1902
9. AGE (In years last birthday) 57 — 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) BEAUTY OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY - SELF
11. BIRTHPLACE (City and state or country) Queen City Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Francis M. Snedigar
13b. MOTHER'S MAIDEN NAME Lucy V. Snedigar
14. NAME OF HUSBAND OR WIFE William A HALLMARK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-20-1028
17. INFORMANT W. A. HALLMARK Address 308 W. TAYLOR

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Alcoholism Cardiac failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. S. Pate (Degree or title) M.D. Coroner
22b. ADDRESS North Kansas City, Mo
22c. DATE SIGNED 1/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-31-59
23c. NAME OF CEMETERY OR CREMATORY White Chapel Cem
23d. LOCATION (City, town, or county) (State) Clay Co. Mo

24. FUNERAL DIRECTOR D.W. Neuenschwander Sons
ADDRESS N.K.C.
25. DATE RECD. BY LOCAL REG. 1-30-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

O. S. Pate

VS OCT 19 1959

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 John L. Kalsbeek

Licensed Embalmer No. 4949

P. O. Address A. Kansas

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.