

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018055
STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 241

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 INDEPENDENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN INDEPENDENCE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SANITARIUM			Length of stay in 1b 30 yrs		d. STREET ADDRESS (If outside, give location) 9309 EAST 15th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FORREST M HALL				4. DATE OF DEATH Month Day Year MAY 24, 1959			
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 JAN 2, 1898		9. AGE (In years at birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAREHOUSE MAN		10b. KIND OF BUSINESS OR INDUSTRY Macy's Store		11. BIRTHPLACE (City and state or country) Ray County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WALTER H. HALL			13b. MOTHER'S MAIDEN NAME Lillie BREEDHOVE		14. NAME OF HUSBAND OR WIFE Lucy HALL		
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. 495-09-0461		17. INFORMANT Lucy HALL Address INDEPENDENCE, 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) BRONCHO PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) URTERAL DIVERSIONARY SURGERY DUE TO (c) CARCINOMA of URINARY BLADDER 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 1810
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. INJURY OCCURRED WHILE AT <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 5-7-59, to 5-27-59 and last saw him alive on 5-23-59 Death occurred at 9:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George Caron MD				22b. ADDRESS 10901 WINNER Rd.		22c. DATE SIGNED 5/25/59	
23a. BURIAL, CREMATION, or other disposition BURIAL		23b. DATE 5-27-59		23c. NAME OF CEMETERY OR CREMATORY MOUND GROVE		23d. LOCATION (City, town, or county) (State) INDEPENDENCE, Mo.	
24. FUNERAL DIRECTOR Roland Speaks				25. DATE RECD. BY LOCAL REG. 5-27-59		26. REGISTRAR'S SIGNATURE James Craig	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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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 *Wm J Miller*

Licensed Embalmer No. *4783*

P. O. Address *Indep Ind*

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.