

JURI DIVISION-OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036200

FILED VS. OCT 23 1959

149

Registration District No. Primary Registration District No. Registrar's No.

4894

STATE FILE NUMBER

ENDED

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		Length of stay in 1b 19 yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospt. No 1			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2511 W abash		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First ALVIN Middle HALL Last HALL				4. DATE OF DEATH Month October Day 10 Year 1959							
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 12-22-1915		9. AGE (last birthday) 43 yrs		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shovler				10b. KIND OF BUSINESS OR INDUSTRY Grain Elevator Co		11. BIRTHPLACE (City and state or country) Homer, Louisiana		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Alvin Hall Sr.				13b. MOTHER'S MAIDEN NAME Mattie Coleman				14. NAME OF HUSBAND OR WIFE			
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. 433-12-0647		17. INFORMANT William Hall 3300 Bellefontaine					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Compound Fracture of Chest Wall DUE TO (c) Auto-collision										INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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 10 a.m. Month, Day, Year 10/2/1959		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20th Harrison		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson		STATE MO	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Deputy Coroner						22b. ADDRESS 1618 Lydia Ave			22c. DATE SIGNED 10/10/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 10-15-59		23c. NAME OF CEMETERY OR CREMATORY Minden, Louisiana			23d. LOCATION (City, town, or county) (State) Minden, Louisiana			
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton					25. DATE RECD. BY LOCAL REG. 10-12-59		26. REGISTRAR'S SIGNATURE Neve Minshall				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address Wth & Bente

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.