

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001586

FILED VS FEB 1 1960 149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 308 STATE FILE NUMBER

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 <i>app. 79 yrs.</i>		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 412 East 41st St.	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle W. Last HALL				4. DATE OF DEATH Month January Day 18 Year 1960			
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 6-22-1880	
9. AGE (last birthday) 79				IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist				10b. KIND OF BUSINESS OR INDUSTRY Drug		11. BIRTHPLACE (City and state or country) Elm, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.				13a. FATHER'S NAME Robert Hall			
13b. MOTHER'S MAIDEN NAME Sue Hays				14. NAME OF HUSBAND OR WIFE Laura O. Hall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes				16. SOCIAL SECURITY NO. 028-05-9646A		17. INFORMANT <i>Joseph W. Hall, Jr. 412 East 41st St Mrs. Laura O. Hall, Kansas City, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Pulmonary edema and bronchpneumonia							
DUE TO (b) _____							
DUE TO (c) Adenocarcinoma, rectum							
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"/> N. <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour _____ a.m. _____ p.m.		Month, Day, Year					
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. <input checked="" type="checkbox"/> attended the deceased from 1-4-60 to 1-18-60 Death occurred at 1:25 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. A. TURNER, (Deceased or title) <i>J. A. Turner M.D.</i>				22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 1-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-20-60		23c. NAME OF CEMETERY OR CREMATORY Marshall Cemetery		23d. LOCATION (City, town, or county) (State) Marshall, Missouri	
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 1-19-60		26. REGISTRAR'S SIGNATURE <i>Neve Minshel</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
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. (Failure to do so 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.