

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 9 1960

60-002029

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 72

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		Length of stay in 1b 33 yrs.	c. CITY OR TOWN Independence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 714 N. Main
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED First Middle Last MRS. RUTH ELIZABETH HALL	
4. DATE OF DEATH Month Day Year February 1, 1960		5. SEX Female	
6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH May 21, 1894		9. AGE (last birthday) 65	
IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian-Jackson County Library		10b. KIND OF BUSINESS OR INDUSTRY Library	
11. BIRTHPLACE (City and state or country) Buckner, Mo.		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Robert E. Hamilton		13b. MOTHER'S MAIDEN NAME Mattie Clark, Martha Cooper	
14. NAME OF HUSBAND OR WIFE Alma C. Hall, dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 496-10-1746		17. INFORMANT Mr. Raymond C. Hall	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Coronary Heart Disease (multiple Coronary Episodes) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pleural Effusion, Bilateral		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 Dec 27, 1952 to Feb 1, 1960 and last saw her/him alive on Feb 1, 1960 Death occurred at 2:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) W. H. Heikeman M.D.		22b. ADDRESS 604 W. Maple Independence, Mo.	
22c. DATE SIGNED 2/3/60		23a. BURIAL CREMATION, REMOVAL (Specify) Burial	
23b. DATE Feb. 4, 1960		23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cem.	
23d. LOCATION (City, town, or county) (State) Blue Springs, Mo.		24. FUNERAL DIRECTOR ADDRESS OTT & MITCHELL, Indep., Mo.	
25. DATE RECD. BY LOCAL REG. 2-4-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT

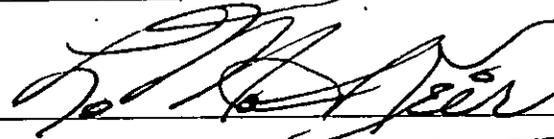
MEDICAL CERTIFICATION

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3156

P. O. Address Independence

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.