

Dept. Health,  
Inc., & Welfare  
U. S. Public  
Health Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

60-010975

STATE FILE NUMBER  
1653

FILED VS APR 4 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>53 HOSPITAL OR INSTITUTE</b> <b>Doctors Hosp.</b>		Length of stay <b>3 3 days</b>	d. STREET ADDRESS (If outside, give location) <b>4614 E. 6th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Sullivan</b> Last <b>Hall</b>			4. DATE OF DEATH Month <b>March</b> Day <b>20</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 11, 1893</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Contracting</b>	11. BIRTHPLACE (City and state or country) <b>Grayson Co., Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James William Hall</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy R. Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>Ernest Hall (Wife)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>NO None</b>		16. SOCIAL SECURITY NO. <b>493-22-5325</b>	17. INFORMANT Address <b>Mrs. Ernest Hall 4614 E. 6th St.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute dilatation of the heart</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>
DUE TO (b) <b>Metastatic carcinoma of the liver</b>					<b>1 year</b>
DUE TO (c) <b>Carcinoma of the rectum</b>					<b>2 years</b>
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 <input type="checkbox"/> NO <input checked="" 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 <b>2:20</b> a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year <b>3-20-60</b>					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>March 17, 1960</b> to <b>March 20, 1960</b> and last saw her/him alive on <b>March 20, 1960</b>		Death occurred at <b>2:20</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>F. W. Thompson</i>		(Degree or title) <b>DO-2</b>		22b. ADDRESS <b>705 Bryant Bldg. K.C., Mo</b>	
22c. DATE SIGNED <b>3-21-60</b>					
23a. BURIAL, CREMATION, OR OTHER (Specify) <b>Burial</b>		23b. DATE <b>March 23, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	
23d. LOCATION (City, town, or country) <b>Richmond, Missouri</b>		(State)			
24. FUNERAL DIRECTOR <b>Muehlebach</b>		ADDRESS <b>6800 Troost</b>		25. DATE RECD. BY LOCAL REG. <b>3-21-60</b>	
26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>					

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.

F. W. Thompson USE ONLY Y, BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Clare V. Conroy* .....

Licensed Embalmer No. *4934* .....

P. O. Address *R-C-14 Mo.* .....

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.