URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038385
STATE FILE NUMBER

FILED VS OCT 27 1960

ENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5019

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 50 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2605 Askew
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2605 Askew
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Minnie Middle C Last Hall
4. DATE OF DEATH Month 10 Day 5 Year 1960
5. SEX Female
6. COLOR OR RACE Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Oct. 22-1888
9. AGE (last birthday) 71
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Nashville Tenn.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME David Bond
13b. MOTHER'S MAIDEN NAME Ella Hancock
14. NAME OF HUSBAND OR WIFE Frank Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-22-5492
17. INFORMANT Frank Hall Address 2605 Askew K.C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 2½ yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) High Blood Pressure — 2½ yrs
DUE TO (c)
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan. 10, 1957, to Sept. 5, 1960 and last saw her/him alive on Sept. 5, 1960
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Milton C. Lewis

22a. SIGNATURE (Degree or title) Milton C. Lewis M.D.
22b. ADDRESS 210 Lincoln Bldg. K.C. Mo
22c. DATE SIGNED 10-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-8-60
23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City Kansas

24. FUNERAL DIRECTOR Nathan W. Thatcher
ADDRESS K.C.K.
25. DATE REC'D. BY LOCAL REG. 10-6-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

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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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clifford T Wood

Licensed Embalmer No. 3106

P. O. Address 1520 N.5

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.