

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12073**  
**1752**

FILED MAY 6 1954

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
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, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>4 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hoop</b>				e. STREET ADDRESS (If rural, give location) <b>3800 1/2 E. 27th.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Kenneth</b>		b. (Middle) <b>Leroy</b>		c. (Last) <b>Hall</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-19-54</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Dec. 12, 1909</b>	
9. AGE (In years last birthday) <b>43</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Deepwater, Mo.</b>	
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Leroy Hall</b>		13b. MOTHER'S MAIDEN NAME <b>Oliva Richmond</b>	
13c. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>Mildred V. Hall</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-12-6306</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mildred V. Hall</b>				ADDRESS <b>3800 1/2 E. 27th.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno Carcinoma of Pancreas with metastasis to gall bladder</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Metastasis to right lung Toxic Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
19a. DATE OF OPERATION <b>April 9-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>cholecystectomy - Enlarged inflamed adherent gall bladder</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>3/8</b> , 19 <b>54</b> , to <b>April 19, 1954</b> , that I last saw the deceased alive on <b>April 18, 1954</b> , and that death occurred at <b>8a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Edward A. Samuelson MD</b>				23b. ADDRESS <b>2603 E 31 KC MO</b>		23c. DATE SIGNED <b>Apr. 19-54</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-19-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton MO</b>	
DATE REC'D BY LOCAL REG. <b>4-19-54</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hickman &amp; Duning 218 d 3rd Clinton MO</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1954 OCT 5 190  
1954 DEC 9  
1954 MAY 21

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..... *Robert L. Dunning*

Licensed Embalmer No. *471*

P. O. Address *Clinton*

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.