

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-006598

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1239 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

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> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb <b>Life</b>		d. STREET ADDRESS <b>3521 Walnut</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McCarty Nursing Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Mabin</b> Last <b>Hall</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>23,</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>July 23, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Realtor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kansas City, Mo.</b>	9. AGE (last birthday) <b>70</b>
11. BIRTHPLACE (City and state or country) <b>U. S. A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>William M. Hall</b>		13b. MOTHER'S MAIDEN NAME <b>Adelaide Sherlock</b>	14. NAME OF HUSBAND OR WIFE <b>Divorced</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <span style="border: 1px solid black; padding: 2px;">[REDACTED]</span>	
17. INFORMANT <b>Clifford Hall, 620 W. 58th St., K. C., Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Right cerebral hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension &amp; arteriosclerosis</b>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ 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. I attended the deceased from <b>Oct 24, 1962</b> to <b>Feb 23, 1963</b> and last saw him alive on <b>2-23-63</b> Death occurred at <b>11:10</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Edgar W. Johnson, Jr. M.D.</b> (Degree or title)		22b. ADDRESS <b>103 P.V. Med. Bldg. P.V. Kans</b>	22c. DATE SIGNED <b>2-24-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-25-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Stine &amp; McClure, Kansas City, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>2-25-63</b>	26. REGISTRAR'S SIGNATURE <b>Ruth A Long</b>

USE BLACK INK OR TYPEWRITER RIBBON

*M. E. W. Johnson*  
~~Reside~~  
~~4140 W 71st~~  
~~103~~  
Em 2-2802  
Will Call

4627 W-70

4140 W 71 1015  
103

0-28

**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 *William M. Turner*

Licensed Embalmer No. 4648

P. O. Address *Kansas City, 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.