

No. 2  
M-5-43  
5-17-39  
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4617

FILED MAR 14 1947

State File No. \_\_\_\_\_

Registration District No. 134

Primary Registration District No. 4207

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Blythedale  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Blythedale  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charley Halstead

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline Halstead 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Nov 28 1873  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6  
year 1947 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Nov, 1940, to Mar 6, 1947;  
that I last saw him alive on Mar 6, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Alumina

Due to Cardio-renal syndrome yrs.

Due to Senility

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

73 3 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wabash County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Regular Army - Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Edgar G. Halstead

{ 13. Birthplace Ash-ta-bula Ohio  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Blackford

{ 15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Marion Steffins

(b) Address Fontana, California

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 8 47  
(Month) (Day) (Year)

(c) Place: burial or cremation Akron Cemetary

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Missouri

19. (a) 3-9-1947 (Date received local registrar) (b) S. Pha. Shaw  
(Registrar's signature)

Duration \_\_\_\_\_

Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature J. B. Hays (Specify type of place) (c) Means of injury 2

Address Edgelyville Mo. Date signed 3-7-47

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

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JUL 7 1947

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Joe E. Wheeler  
Licensed Embalmer No. 3512

P. O. Address Bethany 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 this body is not embalmed, fact should be so stated above.