

EILED MAY 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17754

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: address before admission). a. STATE <u>Mo</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Edgewood 0820</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Polk Co. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANN</u> b. (Middle) <u>Mary</u> c. (Last) <u>Halsena</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1950</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10-11-1874</u>		9. AGE (In years last birthday) <u>75</u> Months <u>6</u> Days <u>13</u>		10. UNDER 24 HRS. Hours <u>13</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lima Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Dont Know</u>		13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>		14. NAME OF HUSBAND OR WIFE <u>Basel Halsena</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Basel Halsena Edgewood</u>		ADDRESS _____	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u> ANTECEDENT CAUSES <u>Chronic Hepatitis</u> Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH  <u>592X</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		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 4-21-50, 1950, to 4-23, 1950, that I last saw the deceased on 4-23-50, 1950, and that death occurred at 2:10 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bernice Collier M.D.</u>		23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-26-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Clements</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
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DATE REC'D BY LOCAL REG. <u>May 12, 1950</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		374		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead</u>		ADDRESS <u>Bankhead</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

821

APR 11 1957

*Handwritten scribbles*

*Handwritten scribbles*

RECEIVED MAY 22 1950  
District Health Officer No. 1  
District File Number 5-50-8  
Date Filed .....

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.

Signed Harold C. Kinke

Signed.....  
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bowling Green, ...

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.

*Handwritten scribbles at bottom right*