

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31203

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 191

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

1. PLACE OF DEATH a. COUNTY <u>Madawaska</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ma</u> b. COUNTY <u>Madawaska</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Northville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Conception Jct mo</u>	
c. LENGTH OF STAY (In this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>St Francis Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jan</u> b. (Middle) <u>M</u> c. (Last) <u>Halliton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>13</u> <u>1950</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>4-23-92</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber Yard manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>		11. BIRTHPLACE (State or foreign country) <u>W.Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Wm</u>		13b. MOTHER'S MAIDEN NAME <u>Wm</u>		14. NAME OF HUSBAND OR WIFE <u>Wm</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Wm</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible carcinoma of colon</u>				<u>2 yrs.</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>153X</u>	

19a. DATE OF OPERATION <u>9/7/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction and possible malignancy of colon.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Sept 4, 1950, to Sept 13, 1950, that I last saw the deceased alive on Sept 13, 1950, and that death occurred at 12 noon m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul J. Kehee M.D.</u>		23b. ADDRESS <u>Conception Jct., Mo.</u>		23c. DATE SIGNED <u>9/14/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Catherine</u>		24d. LOCATION (City, town, or county) (State) <u>Conception mo</u>	
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DATE REC'D BY LOCAL REG. <u>9-16-50</u>		REGISTRAR'S SIGNATURE <u>Bess Hall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Waddy & Phillips</u>		ADDRESS	
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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 me, or by _____

~~working under my personal supervision.~~

~~Student Embalmer No. _____~~

Signed.....
Student Embalmer

Signed Henry H. Phillips
Licensed Embalmer No. 1898

P. O. Address Stouffville, 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.