No. 300
10.48

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37475

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 173

49 2
0

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

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Webb City
c. LENGTH OF STAY (In this place) 25 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jane Chinn Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Webb City 0492
d. STREET ADDRESS (If rural, give location) 931 N. Tom St. 0

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) R
c. (Last) Halderman

4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb. 13, 1879
9. AGE (In years last birthday) 71 — If under 1 year: Months 9, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Eskridge, Kansas 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Blanche Etta Hamilton
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-09-3435
17. INFORMANT'S SIGNATURE OR NAME Mrs. Chas. Hanke, Kansas City, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: unknown

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.* Myocarditis, Generalized Arteriosclerosis — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 29, 1950, *to* Dec 3, 1950, *that I last saw the deceased alive on* Dec 3, 1950, *and that death occurred at* 7:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm Wells-Lee C. & D.O.
23b. ADDRESS 924 W. Daugherty Webb City Mo.
23c. DATE SIGNED 12/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 12-7-50
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
24d. LOCATION (City, town, or county) Webb City, Missouri (State)

DATE REC'D BY LOCAL REG. Dec 6/50
REGISTRAR'S SIGNATURE S. L. Scott Reid 137
25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson, Webb City, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side) [illegible]

RECEIVED 12-12-50
Jasper County Health Office

County File Number 50-12-911

Date Filed 12-12-50

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 Harvey E. Owens

Signed .....
Student Embalmer

Licensed Embalmer No. 4463

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