

FILED FEB 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4139

0210

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

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Rural, Keytesville, Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Keytesville-Twp.	
c. LENGTH OF STAY (In this place) 50 Years		d. STREET ADDRESS (If rural, give location) Rural, 5 miles N.E. of Keytesville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Miles, N.E. of Keytesville			

3. NAME OF DECEASED (Type or Print) a. (First) Savana b. (Middle) Buenivasta c. (Last) Halterman			4. DATE OF DEATH (Month) Feb (Day) 17 (Year) 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 28, 1871		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR: Day 10 Hours 18 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (State or foreign country) Wichita, Kan.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Jacob Halterman		13b. MOTHER'S MAIDEN NAME Susan Fitzwater		14. NAME OF HUSBAND OR WIFE Lucy Halterman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucy Halterman Keytesville, Mo	

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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral stenosis DUE TO (c) Prostatic hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH seven years seven years 610X
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 24, 1950 to Feb 17, 1951, that I last saw the deceased alive on Feb 17, 1951, and that death occurred at 10:45 a.m. from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. Wm. J. ...</i>		(Degree or title) D.O.		23b. ADDRESS Keytesville, Mo.		23c. DATE SIGNED 2/19/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Abbury		24d. LOCATION (City, town, or county) (State) Chariton County, Mo.	
DATE REC'D BY LOCAL REG. 2-19-51		REGISTRAR'S SIGNATURE <i>W. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>		ADDRESS Keytesville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

Date Received: FEB 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-436
Date Filed: FEB 26 1951

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

A. D. G. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.