

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4325

4325

0330

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5382 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Dent

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Dent

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

d. FULL NAME OF HOSPITAL OR INSTITUTION None

d. STREET ADDRESS (If rural, give location) near Doss, Missouri

3. NAME OF DECEASED (Type or Print)
a. (First) Ellen b. (Middle) Belle c. (Last) Halbrook

4. DATE OF DEATH (Month) (Day) (Year) 2/18/51

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 10/16/1861

9. AGE (In years last birthday) 90

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles Taylor

13b. MOTHER'S MAIDEN NAME Mary E. Highley

14. NAME OF HUSBAND OR WIFE John W. Halbrook

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. --

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bruce Halbrook, Doss, Missouri

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular Failure

ANTECEDENT CAUSES DUE TO (b) Aortic Insufficiency

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

4211

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

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 Feb. 13, 1951, to Feb. 15, 1951 that I last saw the deceased alive on Feb. 15, 1951 and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Joseph R. Dunnett, M.D.

23b. ADDRESS Salem, Mo.

23c. DATE SIGNED 2-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/22/51

24c. NAME OF CEMETERY OR CREMATORY Minor Cemetery

24d. LOCATION (City, town, or county) (State) Dent County, Missouri

DATE REC'D BY LOCAL REG. 2-20-51

REGISTRAR'S SIGNATURE M. M. Hart, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. K. Spencer, Salem, Mo.

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 26 1951

RECEIVED

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 Wm. W. McDonald

Signed.....
Student Embalmer

Licensed Embalmer No. 3806

P. O. Address Salem, 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.