

FILED MAY 14 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 11606

| | | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>491</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u> | | c. LENGTH OF STAY (If this place) <u>4 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | <u>0117</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1520 So. 20th</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1520 South 20th</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> | | | b. (Middle) <u>Joseph</u> | | c. (Last) <u>Halter</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May, 4, 1951</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Nov. 26, 1870</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Anthony Halter</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Caroline Hafner</u> | | 14. NAME OF HUSBAND OR WIFE <u>Agnes M. Halter</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Agnes M. Halter 1520 So. 20th</u> | | | | |
| 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>terminal apoplexy</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>6 hrs</u> <input checked="" type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>334X</u> | | | | | 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) (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 <u>Dec 1950</u> to <u>May 4, 1951</u> , that I last saw the deceased alive on <u>Apr. 23 1951</u> , and that death occurred at <u>12:25 p.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>John P. [Signature]</u> (Degree or title) | | | | 23b. ADDRESS <u>[Signature]</u> | | 23c. DATE SIGNED <u>5-4-51</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>May 7, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u> | | 24d. LOCATION (City, town, or county) (State) <u>St Joseph, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>May 7, 1951</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Cash</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. [Signature]</u> | | ADDRESS <u>1802 Union St</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 14 1951

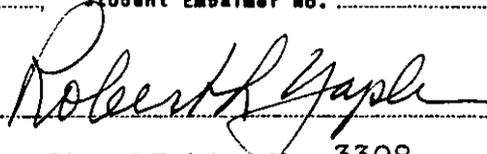
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....



Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.