

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 2 1951

5605 State File No. 17116
REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2132 Registrar's No. 600

510
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Montserrat</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Montserrat 0510</u>	
c. LENGTH OF STAY (In this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. # 3 Warrensburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. # 3 Warrensburg</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. # 3 Warrensburg</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elvie</u> b. (Middle) <u>Retta</u> c. (Last) <u>Haller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 25, 1880</u>
9. AGE (In years last birthday) <u>70</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Thomas P. Thompson</u>	
13b. MOTHER'S MAIDEN NAME <u>Loydd J. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Haller</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 <u>Fred Haller Warrensburg, Mo.</u>		ADDRESS <u>Warrensburg, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial nephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalized</u> <u>1 yr.</u> DUE TO (c) <u>Arthritis (osteo)</u> <u>5 yr.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>446x</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) <u>5:21</u>		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>Oct. 19 50</u> , to <u>May 22, 1951</u> , that I last saw the deceased alive on <u>5/21</u> 19 <u>51</u> , and that death occurred at <u>7:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Lee Cooper MD</u>		23b. ADDRESS <u>Warrensburg, Mo.</u>	
23c. DATE SIGNED <u>5/24/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney-Phillips, Warrensburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 25, 1951</u>		REGISTRAR'S SIGNATURE <u>Baronah</u>	

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.

Student
Student Embalmer

Signed.....

R. Q. Phillips

Licensed Embalmer No.

2520

P. O. Address.....

Warrensburg, 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.