

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21860

State File No.

FILED JUL 2-1951

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY Linn

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
a. STATE Mo b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp. c. LENGTH OF STAY (In this place) 15-0-23

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0396

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp # 3

d. STREET ADDRESS (If rural, give location) 897 1/2 No. Franklin

3. NAME OF DECEASED
a. (First) Floyd b. (Middle) - c. (Last) Haral

4. DATE OF DEATH (Month) (Day) (Year) June-14-1951

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH June 10-1907

9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) 44 0 4

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

10b. KIND OF BUSINESS OR INDUSTRY Mo

11. BIRTHPLACE (State or foreign country) Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Abraham Haral

13b. MOTHER'S MAIDEN NAME Ethel Sutton

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hoop Records, Nevada 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Hemorrhage of stomach
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Peptic ulcer
DUE TO (b)
Psychosis
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 8-days-

19a. DATE OF OPERATION V

19b. MAJOR FINDINGS OF OPERATION 5410

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) _____

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 Aug 1, 1950, to June 14, 1951, that I last saw the deceased alive on June 14, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. O. Shurt M.D.

23b. ADDRESS State Hosp # 3, Nevada Mo

23c. DATE SIGNED June 14-51

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

24b. DATE 6-14-51

24c. NAME OF CEMETERY OR CREMATORY Springfield Cemetery

24d. LOCATION (City, town, or county) (State) Springfield, Mo

DATE REC'D BY LOCAL REG. 6-18-1951

REGISTRAR'S SIGNATURE Anna E. H. [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Seeling Funeral Home, Nevada Mo

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

~~DIVISION OF HEALTH OF MO.
District No. 5 - Springfield~~

~~RECEIVED JUN 26 1951~~

~~Dist. File~~

~~Date Filed~~

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 26 1951

Dist. File 657-1779

Date Filed 6-28-51

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.....
Student Embalmer

Signed

Mark E. Schinger

Licensed Embalmer No. 2656

P. O. Address Nevada 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.