S. No. 300
v. 10-48

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

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25822

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 147

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (In this place): Two Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Putnam Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
d. STREET ADDRESS (If rural, give location): 666 West Jackson

3. NAME OF DECEASED (Type or Print): a. (First) Lester b. (Middle) Woodrow c. (Last) Halsey
4. DATE OF DEATH (Month) (Day) (Year): July 27 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 6 1919
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months 6 Days 21 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bought and sold Live Stock
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt. Leonard-Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Ammid D. Halsey
13b. MOTHER'S MAIDEN NAME: Laura Hall
14. NAME OF HUSBAND OR WIFE: Juanita Wilhite Halsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 2nd World War
16. SOCIAL SECURITY NO.: 496-16-4530
17. INFORMANT'S SIGNATURE OR NAME: Mrs. A.D. Halsey ADDRESS: Marshall-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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured gastric ulcer — INTERVAL BETWEEN ONSET AND DEATH: 3 da

ANTECEDENT CAUSES

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

DUE TO (b) _____

DUE TO (c) _____ 54101

II. OTHER SIGNIFICANT CONDITIONS: acute appendicitis — 3 da

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Ruptured gastric ulcer, acute Appendicitis.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): X
21c. (CITY, TOWN, OR TOWNSHIP) Marshall (COUNTY) Saline (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X 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* July 25, 1951, *to* July 28, 1951, *that I last saw the deceased alive on* 7-28, 1951, *and that death occurred at* 6.30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: H. C. Putnam (Degree or title) M.D.
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 7-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 29/51
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial
24d. LOCATION (City, town, or county) (State): Marshall, Missouri

DATE REC'D BY LOCAL REG.: July 29-1951
REGISTRAR'S SIGNATURE: Sidney T. Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE: J. Leslie Swaney ADDRESS: Marshall, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-6-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-6-51

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed J. Leslie Sussney
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.