

STANDARD CERTIFICATE OF DEATH

FILED DEC 22 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5125 Registrar's No. 1293

1. PLACE OF DEATH a. COUNTY Buchanan <i>P110</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Center Twp. <i>7</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Center Twp. <i>0110</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R#5 St Joseph		d. STREET ADDRESS (If rural, give location) R#5 St. Joseph	

3. NAME OF DECEASED (Type or Print) a. (First) Theresa b. (Middle) Regina c. (Last) Halter			4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 14, 1859		9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Easton, Mo. <i>0</i>	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Michael Fisher		13b. MOTHER'S MAIDEN NAME Regina Vaeth		14. NAME OF HUSBAND OR WIFE Anthony Halter	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frederick P. Halter St Joseph, Mo.	

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) <i>Broncho pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>terminal</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Chronic Bronchitis</i>		<i>many years</i>	
		DUE TO (c) <i>Myocardial Insufficiency</i>		<i>Unknown</i>	
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 <i>4 2 2 2</i>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *12/4*, 19*51*, to *12/15*, 19*51*, that I last saw the deceased alive on *12/10*, 19*51*, and that death occurred at *1:25 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>My Edmund M...</i> (Degree or title)		23b. ADDRESS <i>St. Joseph, Mo.</i>		23c. DATE SIGNED <i>12-17-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-18-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet</i>	
		24d. LOCATION (City, town, or county) (State) <i>St. Joseph, Mo.</i>			

DATE REC'D BY LOCAL REG. <i>Dec 18, 1951</i>		REGISTRAR'S SIGNATURE <i>Carl C. Cas...</i> <i>446</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Herman W. ... 1802 Union St</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 28 1957

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..... *Robert H. Gable*

Signed.....
Student Embalmer

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.