.S. No. 300
EV. 10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 900

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 107

0396

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: South Dakota
b. COUNTY: Pennington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rapids City 8400
d. STREET ADDRESS (If rural, give location): 12 E New York St.

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle): [illegible]
c. (Last): Halfpenny

4. DATE OF DEATH (Month) (Day) (Year): Feb 4 1952

5. SEX: Female
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: August 19th, 1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE
11. BIRTHPLACE (State or foreign country): Athens, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Charles Kelley
13b. MOTHER'S MAIDEN NAME: Ida Howard
14. NAME OF HUSBAND OR WIFE: Gordon H. Halfpenny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mary Kelley Crane Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of cervix of uterus, grade 4.
ANTECEDENT CAUSES — DUE TO (b):
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c): Uremia.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None 171X
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) 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* 12/5, 1951, *to* 2/4, 1952, *that I last saw the deceased alive on* 2/4, 1952, *and that death occurred at* 9:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Litchart MD
23b. ADDRESS: Springfield, Mo.
23c. DATE SIGNED: 2/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-4-52
24c. NAME OF CEMETERY OR CREMATORY: UNKNOWN
24d. LOCATION (City, town, or county) (State): Crane Missouri

DATE REC'D BY LOCAL REG.: 2-7-52
REGISTRAR'S SIGNATURE: James R. Amos MD 468
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Garman Scharp Funeral Home Springfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis Gilbert

Licensed Embalmer No. 380 L

P. O. Address Springfield, M

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.

(Licensed Embalmer's Statement on Reverse Side)