

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30745**

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Randolph</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>	c. LENGTH OF STAY (in this place) <u>6 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calico</u> <u>1880</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hulen Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u> b. (Middle) <u>JANE</u> c. (Last) <u>HALTERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-29-1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-June-10-1872</u>	9. AGE (If years last birthday) <u>80</u> (If under 1 year) Months <u>3</u> (If under 1 month) Days <u>19</u> (If under 1 hour) Hours _____ (If under 1 min.) Mins. _____
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10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Major Bond</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Workes</u>	14. NAME OF HUSBAND OR WIFE <u>George Halterman</u>
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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>Mrs. Everett Dowding Moberly Mo.</u>	ADDRESS <u>Moberly Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>five years</u> <u>five years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infirmities Old age</u> DUE TO (c) <u>Hepatitis & arteriosclerosis</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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, other building, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT _____ (Specify) AT WORK <input type="checkbox"/> NOT AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 4-1-52, 1952, to 9-29-52, that I last saw the deceased alive on 9-28-52, 1952, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Name or title) _____	23b. ADDRESS <u>Centralia Mo.</u>	23c. DATE SIGNED <u>9-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/1/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salmon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>5 miles East of Jacksonville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 30 1952</u>	REGISTRAR'S SIGNATURE <u>Maud M. Brite</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Home Moberly Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moherby 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.