

FILED APR 6 1953

STANDARD CERTIFICATE OF DEATH

State File No. **10376**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 62

512

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

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Johnson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Johnson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montserrat,</u>  |  |
| c. LENGTH OF STAY (in this place) <u>20Hours</u>   |  | d. STREET ADDRESS (If rural, give location) <u>0510</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center,</u>                       |  | e. STREET ADDRESS <u>Montserrat, Missouri</u>  |  |

|  |  |   |  |  |  |  |  |   |  |
|--|--|---|--|--|--|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) <u>William</u>  |  | a. (First) <u>William</u>                         |  | b. (Middle) _____  |  | c. (Last) <u>Haller,</u>                   |  | 4. DATE OF DEATH <u>March 21st, 1953</u>  |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>                     |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed,</u>             |  | 8. DATE OF BIRTH <u>May 31st, 1871</u>     |  | 9. AGE (In years last birthday) <u>81</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer,</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming,</u> |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |  |   |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Fredrick Haller</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Margarett Miller,</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Haller,</u>                                     |  |
| 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>Raymond Haller,</u> ADDRESS <u>Kansas City, Missouri</u> |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Head Injuries,</u><br><br>ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br>DUE TO (b) <u>Automobile Accident</u><br><br>DUE TO (c) _____ |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>20Hrs.</u> |  |
| II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Left Leg severed and broken.</u>   |  |   |  |   |  |

|                              |  |  |  |  |  |
|------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ |  | 19b. MAJOR FINDINGS OF OPERATION _____ |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------------|--|--|--|--|--|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>AutoAccident Highway 50</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____                    |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montserrat, Johnson Co. Missouri.</u> |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-20-53</u> <u>Pm.</u> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>Automobile Accident,</u>                                   |  |

22. I hereby certify that I attended the deceased from 3-21-53, 1953, to 3-22-, 1953, that I last saw the deceased alive on 3-22-, 1953, and that death occurred at 1:15Pm., from the causes and on the date stated above.

|  |  |                         |  |   |  |                                 |  |
|--|--|-------------------------|--|---|--|---------------------------------|--|
| 23a. SIGNATURE <u>Kelly Rawlins M.D. Coroner</u> |  | (Degree or title) _____ |  | 23b. ADDRESS <u>M.B. Holden, Missouri</u> |  | 23c. DATE SIGNED <u>3-23-53</u> |  |
|--|--|-------------------------|--|---|--|---------------------------------|--|

|   |  |                            |  |  |  |   |  |
|---|--|----------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>3-23-1953</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery, Warrensburg, Missouri.</u> |  | 24d. LOCATION (City, town, or county) (State) _____ |  |
|---|--|----------------------------|--|--|--|---|--|

|   |  |   |  |         |  |  |  |
|---|--|---|--|---------|--|--|--|
| DATE REC'D BY LOCAL REG. <u>Mar. 24, 1953</u> |  | REGISTRAR'S SIGNATURE <u>Saverio...</u> |  | 147-111 |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Bauninger</u> ADDRESS <u>Warrensburg, Mo.</u> |  |
|---|--|---|--|---------|--|--|--|

RECEIVED  
MAR 30 1953  
JOHNSON COUNTY HEALTH DEPT.

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. A. Banninger

Licensed Embalmer No. 3397

P. O. Address Warrenton, Ore

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.