

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15268

FILED APR 30 1953

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 1964		Registrar's No. 26		
1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARKVILLE</u> <u>Platte</u>		c. LENGTH OF STAY (In this place) <u>6 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARKVILLE</u> <u>0830</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PARKVILLE NORTHERN HEIGHTS</u>				d. STREET ADDRESS (If rural, give location) <u>NORTHERN HEIGHTS</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LORETTA</u>			b. (Middle) <u>G</u>		c. (Last) <u>HALSTEAD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 8 1953</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 26, 1882</u>		
9. AGE (In years last birthday) <u>70</u>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>WOODS POINT NEW YORK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>FRANK FREEMAN</u>			13b. MOTHER'S MAIDEN NAME <u>MARY Gillette</u>		14. NAME OF HUSBAND OR WIFE <u>CLARENCE HALSTEAD</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 ADDRESS <u>CLARENCE HALSTEAD PARKVILLE, MO</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypoglycemic coma.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Diabetes</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>15 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>					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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>April 1950</u> , to <u>8 April, 1953</u> , that I last saw the deceased alive on <u>8 April 1953</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>1405 North Kansas City, Mo.</u>		23c. DATE SIGNED <u>10 April 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEES Summit Cem</u>		24d. LOCATION (City, town, or county) (State) <u>LEES Summit Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 10 1953</u>		REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Mackenzie</u>		ADDRESS <u>North Kansas City</u>		

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Elmer H. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address K. C. 16. 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.