

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16813

State File No. _____

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 24

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Taney</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRANSON</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Taney</u>
c. LENGTH OF STAY (in this place) <u>1 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fareasth 1060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs Community Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Fareasth</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Henry</u>	b. (Middle) <u>Harrison</u>	c. (Last) <u>Halk</u>	(Month) <u>March</u>	(Day) <u>12</u>	(Year) <u>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>Feb 8, 1868</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR (Month) <u>1</u> (Day) <u>4</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>Virginia</u>	
13a. FATHER'S NAME <u>Andrew Halk</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs M P Pierce</u>		ADDRESS <u>Fareasth 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>				
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthenia of hip</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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332 X F</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 March 10, 1953, to March 12, 1953, that I last saw the deceased alive on March 11, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Fareasth, Mo</u>	23c. DATE SIGNED <u>4/8/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>3/13/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Snapp cemetery</u>
24d. LOCATION (City, town, or county) <u>Fareasth Mo</u>	24e. (State)	

DATE REC'D BY LOCAL REG. <u>4-15-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Fareasth Funeral Home Fareasth Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Walter S Cobb

Licensed Embalmer No. *4731*

P. O. Address *Forsyth Md*

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.