

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

State File No. **27786**

FILED **SEP 14 1953**  
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **983**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Bucklman.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Albany</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Albany</b> <b>0380</b>	
c. LENGTH OF STAY (In this place) <b>9 Mos - 8 days</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No. 2.</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>E.</b> c. (Last) <b>HALSTEAD,</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>9 - 3 - 1953.</b>		
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married.</b>	
<b>8. DATE OF BIRTH</b> <b>3-21-1883,</b>		<b>9. AGE</b> (In years last birthday) <b>70.</b>		<b>10. MONTHS</b> <b>5</b> <b>12</b> <b>Days</b> <b>12</b> <b>Hours</b> <b>12</b> <b>Min.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home making.</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Iowa,</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>					

<b>13a. FATHER'S NAME</b> <b>J. W. McCall.</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Eastin,</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Perry L. Halstead,</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Perry L. and N. B. Halstead,</b>	
				<b>ADDRESS</b> <b>Albany, Missouri</b>	

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Dysenteric Pneumonia</b>		<b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last.</b> DUE TO (b) <b>Arterio-sclerosis with hypertensive</b>			<b>Und.</b>
		DUE TO (c)			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Albany Missouri</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22: I hereby certify that I attended the deceased from 11-25-1952, to 9-3-1953, that I last saw the deceased alive on 9-3-1953, and that death occurred at 3:50 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Harriet Phocas,</b>		<b>23b. ADDRESS</b> <b>M. D., State Hospital No. 2, St. Joseph, Mo.</b>		<b>23c. DATE SIGNED</b> <b>9-3-1953.</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>9/3/1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Albany Missouri</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Albany Missouri</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Gay P. Palmer</b> <b>FUNERAL DIRECTOR'S SIGNATURE</b> <b>Heaton-Brown Funeral Home</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>Sept 10, 1953</b>		<b>ADDRESS</b> <b>St. Joseph, Mo.</b>			

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

2

**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. 493

working under my personal supervision.

Student Richard D. Rollins  
Student Embalmer

Signed \_\_\_\_\_

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, 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.