

STANDARD CERTIFICATE OF DEATH

31275

State File No.

No. 300
10.48

FILED SEP 23 1953

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5866 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frank</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hallester</u>	
c. LENGTH OF STAY (In this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural MO - 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralland</u> b. (Middle) <u>H.</u> c. (Last) <u>Hallester</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9. 13. 53</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>March 9, 1875</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar Valley MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13. FATHER'S NAME <u>Samuel Hallester</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hallester</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sam Hallester</u> ADDRESS <u>Hallester MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			<u>Sudden</u>	
		ANTECEDENT CAUSES			<u>that day</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Cause Unknown</u>			<u>years</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 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>331X</u>	
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 9/11, 1952, to _____, 19____, that I last saw the deceased alive on 9/11, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Vincent P. McCormick</u> (Degree or title)		23b. ADDRESS <u>Ozark MO</u>		23c. DATE SIGNED <u>9/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hallester Knob</u>	
24d. LOCATION (City, town, or county) (State) <u>Hallester MO</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Wheeler</u>		ADDRESS <u>Brunswick</u>	
DATE REC'D BY LOCAL REG. <u>Sept 21, 1953</u>		REGISTRAR'S SIGNATURE <u>Lilla Leonard</u>		59-1	

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

02220
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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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.