

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

31401

State File No.

FILED SEP 25 1953

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dent</u>	
b. CITY OR TOWN <u>Salem</u>	c. LENGTH OF STAY (in this place) <u>years</u>	c. CITY OR TOWN <u>Salem</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West 5th street</u>		e. STREET ADDRESS (If rural, give location) <u>West 5th street</u> <u>033/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Lee</u> c. (Last) <u>Halbert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>sept. 16, 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>march 5, 1880</u>		9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>city clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>city collector</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>near steelville, mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Thadius P. Halbert</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Francis Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Wilma Halbert</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Spanish American (4872038850)</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilma Halbert, Salem, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>90 minutes</u>
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 9-16-53, 1953, to 9-16-53, 1953, that I last saw the deceased alive on 9-16-53, 1953, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Jas W. Lee Jr. 100.2</u>	23b. ADDRESS <u>Salem, Mo</u>	23c. DATE SIGNED <u>9-18-53</u>
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24a. BYRRIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/20/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salem Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-19-53</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by Mrs. Blackwell - Warfel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Salem, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48 FILED

OCT 16 1953

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 _____
Signature of Student Embalmer

Signed Max E. Wayful

Licensed Embalmer No. 41

P. O. Address Salem

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.