

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35892**  
**4766**

FILED OCT 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>43 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>3940 Garfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grosse N.H. 3918 Charlotte</u>			
<b>3. NAME OF DECEASED</b> a. (First) <u>MRS. ESTHER</u>		b. (Middle) <u>HALFERTY</u>	c. (Last) <u>HALFERTY</u>
(Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct. 1, 1953</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>Widowed 2</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 19, 1861</u>
9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	<b>9. AGE (In years last birthday)</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Plattsburg, Missouri</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>John Lewis</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Ann Baumgarner</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>John Joseph Halferty</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>John L. Halferty, Gower, Missouri</u>
<b>17. ADDRESS</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Congestive Heart Failure</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic Heart Disease several yrs.</u>	
DUE TO (c) <u>Gen'l. Senile Changes</u>		DUE TO (c) <u>many yrs.</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>42-00</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input 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>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from</b> <u>7-24</u> , 19 <u>53</u> , to <u>10-1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-1</u> , 19 <u>53</u> , and that death occurred at _____ P.m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>Harold M. Roberts</u> (Degree or title) <u>M.D.</u>		<b>23b. ADDRESS</b> <u>1103 Grant-K.C., Mo.</u>	<b>23c. DATE SIGNED</b> <u>10-2-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>		<b>24b. DATE</b> <u>10-3-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Greenlawn</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Plattsburg, Missouri</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>STINE &amp; McCLURE UND. CO.</u>	
<b>25. ADDRESS</b> <u>K.C.MO.</u>		<b>DATE REC'D BY LOCAL REG.</b> <u>10-3-53</u>	
<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Smith</u>			

Dr. Harold Roberts  
1530 Prof. Bldg.  
Ha. 1331

TOD 3:20 PM

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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.....  
Signature of Student Embalmer

Signed..... *F.S. Waller* .....

Licensed Embalmer No. *274*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.