

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2210

State File No.

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **264** PRIMARY REG. DIST. NO. **4394** Registrar's No.

1. PLACE OF DEATH a. COUNTY OZARK		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OZARK	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BAKERSFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BAKERSFIELD,	
c. LENGTH OF STAY (In this place) 53 yrs		d. STREET ADDRESS (If rural, give location) RFD	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION X		d. STREET ADDRESS (If rural, give location) RFD	

3. NAME OF DECEASED (Type or Print) a. (First) EVA ANN b. (Middle) HALFORD c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 1-22-54
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12-24-1900	9. AGE (In years last birthday) 53	10 UNDER 1 YEAR Months 0	10 UNDER 1 YEAR Days 28	10 UNDER 1 YEAR Hours	10 UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) DAWT, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME JOHN DEAN	13b. MOTHER'S MAIDEN NAME ALICE DAVIS	14. NAME OF HUSBAND OR WIFE CHAS. E. HALFORD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME C. E. HALFORD, BAKERSFIELD, MISSOURI	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion		Swollen
ANTECEDENT CAUSES	DUE TO (b) Coronary arteriosclerosis		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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 X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Udall Ozark Mo.
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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?
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22. I hereby certify that I attended the deceased from **1-15**, 19**54**, to **1-19**, 19**54**, that I last saw the deceased alive on **1-19**, 19**54**, and that death occurred at **6:00 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Deborah Nean M.D.	23b. ADDRESS Bakersfield Mo.	23c. DATE SIGNED Feb-2-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 1-24-54	24c. NAME OF CEMETERY OR CREMATORY FRICE CEMETERY	24d. LOCATION (City, town, or county) (State) UDALL, MISSOURI
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DATE REC'D BY LOCAL REG. FEB 15 1954	REGISTRAR'S SIGNATURE Elyde A. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS, WEST PLAINS, MO	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

970

MAR 6 1958

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *D. K. Roberts*

Licensed Embalmer No. *3432*

P. O. Address *West Plains*

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.