

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2238

State File No. ....

BIRTH NO. 4003 FILED JAN 29 1954 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <u>Mo</u> b. COUNTY <u>St Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville, Mo.</u>		c. CITY FOR TOWN <u>St Genevieve</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>12 hr.</u>		e. STREET ADDRESS (If rural, give location) <u>St Mary Road 0951</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry Co. Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rita</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Halbrook</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan. 17, 1954</u>		9. AGE (In years / If under 1 year / If under 12 mos. last birthday) Months Days Hours Min. <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Perryville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Othael Halbrook</u>		13b. MOTHER'S MAIDEN NAME <u>Bernice Reisinger</u>		14. NAME OF HUSBAND OR WIFE <u>Othael Halbrook Ste. Genevieve, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Othael Halbrook Ste. Genevieve, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>(Birth at 6 months gestation)</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 checked="" 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>7625</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?	
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22. I hereby certify that I attended the deceased from Jan 17, 1954 to Jan 17, 1954, that I last saw the deceased alive on Jan 17, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Cal Carron</u> (Design or title)		23b. ADDRESS <u>Perryville Mo</u>		23c. DATE SIGNED <u>1-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 18, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rombauer Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Rombauer, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>1-18-54</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zellner</u> <u>250</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons Perryville Mo</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

*This Body was not Embalmed*

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 *Edward B. Henry*.....

Licensed Embalmer No. *213*.....

P. O. Address *Perquimans*.....

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.