No. 300
10-48

1100

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11024

BIRTH NO. FILED APR 14 1954 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6245 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Walton twp
c. LENGTH OF STAY (In this place) 82 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Near Berryman Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY Washington
c. CITY OR TOWN Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Near Berryman 1100

3. NAME OF DECEASED (Type or Print) (First) Rosetta b. (Middle) Emeline c. (Last) Halbert
4. DATE OF DEATH (Month) April (Day) 7 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec 9 1871
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 3 Days 28 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and State or Foreign Country) Washington Co Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Thomas Hudson
13b. MOTHER'S MAIDEN NAME Elizabeth Carlyon
14. NAME OF HUSBAND OR WIFE Deceased.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Ethel Monroe Shirley ADDRESS Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1940 *to* 4/7, 1954, *that I last saw the deceased alive on* 4/7, 1954, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE M. Cresswell (Degree or title) MD
23b. ADDRESS Potosi, Mo.
23c. DATE SIGNED 4/9/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-11-54
24c. NAME OF CEMETERY OR CREMATORY Potosi Masonic Cem
24d. LOCATION (City, town, or county) (State) Potosi Mo.
DATE REC'D BY LOCAL REG. 4/9/54
REGISTRAR'S SIGNATURE Arlene Kendall 403-10
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Luther Sparks ADDRESS Potosi Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIV

APR 13 1954

WASH. COUNTY HEALTH

File No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murphy L Sparks

Licensed Embalmer No. 423

P. O. Address Flat River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.