No. 300
10-48

0770

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12843

FILED MAY 5 1954

State File No.

BIRTH NO.   REG. DIST. NO. 264   PRIMARY REG. DIST. NO. 588/   Registrar's No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. COUNTY Ozark	a. STATE Missouri b. COUNTY Ozark
b. CITY OR TOWN Udall (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) 63 yrs.	c. CITY OR TOWN Udall (If outside corporate limits, write RURAL and give township) 0770
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) X X	d. STREET ADDRESS RFD (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month) (Day) (Year)
	EDWARD	ANDREW	HALFORD	4-11-54	

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12-23-1891	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY X X	11. BIRTHPLACE (State or foreign country) UDALL, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME ANDY HALFORD	13b. MOTHER'S MAIDEN NAME LODISKIA UPTON	14. NAME OF HUSBAND OR WIFE ROSA K. HALFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROSA K. HALFORD, UDALL, MISSOURI

18. CAUSE OF DEATH	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c).	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilitation of heart	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis	
	DUE TO (c) Chronic Bronchiectasis	
	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 526 X	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 _____, 19**47** to **4-11**, 19**54**, that I last saw the deceased alive on **4-7**, 19**54**, and that death occurred at **12:15** m. from the causes and on the date stated above.

23a. SIGNATURE Daniel R. Sams D.O. (Degree or title)	23b. ADDRESS Bakersfield, Mo.	23c. DATE SIGNED 4-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-12-54	24c. NAME OF CEMETERY OR CREMATORY Baptist Hill	24d. LOCATION (City, town, or county) Bakersfield, Mo (State)

DATE REC'D BY LOCAL REG. MAY 4 1954	REGISTRAR'S SIGNATURE Elizth R. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robertsons, West Plains, Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 1954

MAY 6

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 ....
        Student Embalmer

Signed.........*S S Roberts*...

Licensed Embalmer No. 3 4 3

P. O. Address *West Plains*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.