

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38056**

FILED NOV 22 1954

BIRTH NO. 7926254 REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 32-54

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) Tuscumbia		c. LENGTH OF STAY (In this place) 1 day	
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphreys Osteopathic Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Ulman	
		d. STREET ADDRESS (If rural, give location) 4 miles west of Ulman	
3. NAME OF DECEASED (Type or Print) a. (First) LOREN EVERETT b. (Middle) EVERETT c. (Last) HALDERMAN			4. DATE OF DEATH (Month) (Day) (Year) November 12, 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH November 11, 1954
9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	11. BIRTHPLACE (City and State or Foreign Country) Tuscumbia, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Fritz Roy Halderman		13b. MOTHER'S MAIDEN NAME Emma Lottie Davis	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Fritz Roy Halderman
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity of 6th. month gestation DUE TO (c) 2. 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 7735	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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?	
22. I hereby certify that I attended the deceased from Nov. 11, 1954 to November 12, 1954 , that I last saw the deceased alive on Nov. 12, 1954 , and that death occurred at 7:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) M. E. Humphreys, D.O.		23b. ADDRESS Tuscumbia, Missouri	
23c. DATE SIGNED Nov. 12, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov. 12, 1954	
24c. NAME OF CEMETERY OR CREMATORY Gott Cemetery		24d. LOCATION (City, town, or county) (State) Ulman, Missouri	
DATE REC'D BY LOCAL REG. Nov. 12 - 1954		REGISTRAR'S SIGNATURE Mrs. Richard L. Wright	
25. FUNERAL DIRECTOR'S SIGNATURE No Funeral Director		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0660

0660

0

MILLE

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.....

Licensed Embalmer No.

P. O. Address.....

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.

No embalming