

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

17531

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 51

1. PLACE OF DEATH a. CITY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>Washington Twp.</u> c. LENGTH OF STAY (in this place) <u>0-9-22</u>		c. CITY OR TOWN <u>Neosho</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>		e. STREET ADDRESS (If rural, give location) <u>312 Washington 0132</u>	

3. NAME OF DECEASED (Type or Print) <u>Catherine</u>	a. (First)	b. (Middle)	c. (Last) <u>Halmer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5. 27. 55.</u>
--	------------	-------------	-------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8.18.1862</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>9</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois 1</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Allen Stackton</u>	13b. MOTHER'S MAIDEN NAME <u>Heggieh Cox</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE, OR NAME <u>Celia Wofford</u> ADDRESS <u>Neosho 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4200</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)
--	--	---

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 8-5-1954 to 5-27-1955; that I last saw the deceased alive on 5-26-1955, and that death occurred at 7:05 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. Bennett M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital 35</u>	23c. DATE SIGNED <u>5-27-55</u>
--	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 30, '55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yatesville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Litterburry, Illinois</u>
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>6-2-1955</u>	REGISTRAR'S SIGNATURE <u>Anna E. Harvey</u> 451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mortuary</u> ADDRESS <u>Neosho, Mo.</u>
--	---	--

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

80  
2

**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.....  
*Richard W. Tow*

Licensed Embalmer No. *1770*.....

P. O. Address *Joplin Mo*.....

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.