

FILED JUN 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18039

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2257

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY, Mo.		c. CITY OR TOWN N. CITY NORTH	
c. LENGTH OF STAY (in this place) 40 YRS		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 4238 MILAN		STREET ADDRESS (If rural, give location) 4238 MILAN	

3. NAME OF DECEASED (Type or Print) a. (First) Alice		b. (Middle)		c. (Last) Halte		4. DATE OF DEATH (Month) (Day) (Year) MAY 23 1955	
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 WIDOWED	8. DATE OF BIRTH JUNE 16, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) PLATTE COUNTY, Mo		12. CITIZEN OF WHAT COUNTRY? U. S.	
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13a. FATHER'S NAME WILLIAM R. ARMSTRONG		13b. MOTHER'S MAIDEN NAME RUTH E. WALLACE		14. NAME OF HUSBAND OR WIFE CHRIS HALTE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME RAYMOND DEVLINA		ADDRESS 4238 MILAN N.C. NORTH	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 7-8 days	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility			5-6 years
	DUE TO (c) Generalized Arteriosclerosis (intermittent)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4500	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 August 1954 to June 23, 1955, that I last saw the deceased alive on May 23, 1955, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE R. B. Mc Cormick	(Degree or title) MD	23b. ADDRESS North KC Mo	23c. DATE SIGNED 5/23/55
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24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE 5-25-55	24c. NAME OF CEMETERY OR CREMATORY Old German Cem	24d. LOCATION (City, town, or county) (State) PLATTE COUNTY, Mo
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DATE REC'D BY LOCAL REG. 5-25-55	REGISTRAR'S SIGNATURE neve minshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMERS	ADDRESS No. 15 C. 16 Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. 49

P. O. Address No. Kans

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.