

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED NOV 28 1955

State File No. **36449**

BIRTH NO. **75078-55** REG. DIST. NO. **114** PRIMARY REG. DIST. NO. **4186** Registrar's No. **557**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>FRANKLIN</b>	b. CITY OR TOWN <b>SULLIVAN</b>	a. STATE <b>MO</b>	b. COUNTY <b>FRANKLIN</b>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NORTHSIDE HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>RRI</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>GLENDA</b>	b. (Middle) <b>RAE</b>	c. (Last) <b>HALMICH</b>	(Month) <b>NOV</b>	(Day) <b>3</b>	(Year) <b>1955</b>
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>INFANT</b>	<b>8. DATE OF BIRTH</b> <b>NOV. 3, 1955</b>		<b>9. AGE</b> (In years last birthday) <b>0 0 0 2</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>SULLIVAN, MO.</b>	
			<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>		

<b>13a. FATHER'S NAME</b> <b>CLIFFORD HALMICH</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>DENA CALDWELL</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>CLIFFORD HALMICH</b>	<b>ADDRESS</b> <b>SULLIVAN, MO.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Collapsar of lungs</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>40 min</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>unknown cause</b>		
	DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>7620</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 11-2, 1955, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 11-3, 1955, and that death occurred at 1:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Thomas A. Amphrey</b>	<b>23b. ADDRESS</b> <b>Sullivan, Mo.</b>	<b>23c. DATE SIGNED</b> <b>11-5-55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>11/4/1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>CROW CEMETERY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>SULLIVAN MO</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>11-5-55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Thomas A. Amphrey</b>	<b>496</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>H. W. Eaton</b>
		<b>ADDRESS</b> <b>Sullivan, Mo.</b>	

**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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Bellevue, Md

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

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